

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Radiology Association Political Action Committee

ADDRESS (number and street) 1891 Preston White Drive
 Check if different than previously reported. (ACC)
Reston VA 20191

2. **FEC IDENTIFICATION NUMBER** C00343459
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 06 01 2010 through 06 30 2010

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

Signature of Treasurer Electronically Filed by DR William Herrington Date 07 15 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		532260.11
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	782691.74									
(c) Total Receipts (from Line 19)	104682.67	701453.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	887374.41	1233713.69								
7. Total Disbursements (from Line 31)	166574.39	512913.67								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	720800.02	720800.02								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	101570.55	610612.02
(ii) Unitemized	3103.32	88317.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	104673.87	698929.93
(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)	104673.87	698929.93
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	8.80	23.65
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	104682.67	701453.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	104682.67	701453.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	194.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	194.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	166000.00	510000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	574.39	2719.67
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	166574.39	512913.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	166574.39	512913.67

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	104673.87	698929.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	104673.87	698929.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	194.00
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	194.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 125
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099595

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099596

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099597

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 125
(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. Adam Bogomol

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: 35099598

Amount of Each Receipt this Period
30.00

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: 35099599

Amount of Each Receipt this Period
30.00

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	4	/	2	0	1	0

Transaction ID: 35099601

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: PAGE 8 / 125
(check only one)

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

A.

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

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 ▼ 300.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: 35099602
 Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 506 Julie Ct

City Wyckoff State NJ Zip Code 07481-1101

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: 35099603
 Amount of Each Receipt this Period: 30.00

C.

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

Mailing Address 538 E 84th St Apt 4E

City New York State NY Zip Code 10028-7357

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 06 / 04 / 2010
Transaction ID: 35099604
 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: PAGE 9 / 125
(check only one)

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

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

A.

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

Mailing Address 3 Ware Rd

City State Zip Code
Upper Saddle River NJ 07458-1919

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099605

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 2 Constitution Ct Apt 1009

City State Zip Code
Hoboken NJ 07030-6730

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099606

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099607

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: PAGE 10 / 125
(check only one)

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

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

A.

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

Mailing Address 440 E 62nd St Apt 18F

City State Zip Code
New York NY 10065-8345

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099608

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 7 Kinkaid Ave

City State Zip Code
Closter NJ 07624-2908

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099609

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address Hackensack Univ Med Ctr
20 Prospect Ave Ste 513

City State Zip Code
Hackensack NJ 07601-1962

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099610

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: PAGE 11 / 125
(check only one)

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

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

A.

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

Mailing Address 101 W End Ave Apt 16H

City State Zip Code
New York NY 10023-6337

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099611

Amount of Each Receipt this Period
19.23

B.

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099612

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 245 Oxford Dr

City State Zip Code
Tenafly NJ 07670-3117

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099613

Amount of Each Receipt this Period
19.23

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

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

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

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

FOR LINE NUMBER: PAGE 12 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 140 Chestnut St

City State Zip Code
Englewood NJ 07631-3033

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099614

Amount of Each Receipt this Period
19.23

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

Mailing Address 555 W 59th St Apt 19E

City State Zip Code
New York NY 10019-1006

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099615

Amount of Each Receipt this Period
19.23

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: 35099617

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► 57.69

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 125
(check only one)

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

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

A.

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

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 ▼ 211.53

Date of Receipt 06 / 04 / 2010
Transaction ID: 35099618
 Amount of Each Receipt this Period 19.23

B.

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

Mailing Address 10 Lexington Ct

City Englewood State NJ Zip Code 07631-3081

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 04 / 2010
Transaction ID: 35099619
 Amount of Each Receipt this Period 19.23

C.

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

Mailing Address Washington Hospital Center
110 Irving St NW BA94

City Washington State DC Zip Code 20010-2975

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

Name of Employer Center Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 06 / 04 / 2010
Transaction ID: 35099621
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional) ► 83.46

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Carl Mazzola

Mailing Address 225 Pointe Lucerne Ct

City State Zip Code
Ballwin MO 63011-3360

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

Name of Employer Prosgnit Imaging Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 35130339

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Norman Thomson, III

Mailing Address Radiology Assoc of Savannah PC
105 Wheeler Ct Ste 203

City State Zip Code
Savannah GA 31405-5717

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

Name of Employer Radiology Assoc of Savannah Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 35130346

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address South Texas Radiology Group
PO Box 29441

City State Zip Code
San Antonio TX 78229-0441

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

Name of Employer South Texas Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 35158878

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City San Antonio State TX Zip Code 78229-5907

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158879
Amount of Each Receipt this Period 1000.00

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

Mailing Address South Texas Radiology Group
8401 Datapoint Dr Ste 600

City San Antonio State TX Zip Code 78229-5907

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158880
Amount of Each Receipt this Period 1300.00

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

Mailing Address 527 N Palo Alto Ave

City Panama City State FL Zip Code 32401-3639

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

Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158881
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Carl Bailey, JR
Mailing Address 710 Bunkers Cove Rd
City Panama City State FL Zip Code 32401-3920
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 08 / 2010
Transaction ID: 35158882
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Dr. Lloyd Logue
Mailing Address 3943 Indian Springs Rd
City Panama City State FL Zip Code 32404-5794
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates, P.A. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 08 / 2010
Transaction ID: 35158883
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Dr. Gregory Presser
Mailing Address 706 Bunkers Cove Rd
City Panama City State FL Zip Code 32401-3920
FEC ID number of contributing federal political committee. **C**
Name of Employer Bay Radiology Associates, P.A. Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00
Date of Receipt 06 / 08 / 2010
Transaction ID: 35158884
Amount of Each Receipt this Period 200.00

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

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

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

FOR LINE NUMBER: PAGE 17 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address Bay Radiology Assoc PA
PO Box 1770

City State Zip Code
Panama City FL 32402-1770

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

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

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2010

Transaction ID: 35158885

Amount of Each Receipt this Period
200.00

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

Mailing Address 2818 Canal Dr

City State Zip Code
Panama City FL 32405-1610

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2010

Transaction ID: 35158886

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Emily Billingsley

Mailing Address 449 Sudduth Ave

City State Zip Code
Panama City FL 32401-3958

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 08 / 2010

Transaction ID: 35158887

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 125
(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. Jason Browning

Mailing Address 1016 Sunset Ln

City State Zip Code
Lynn Haven FL 32444-3455

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 35158888

Amount of Each Receipt this Period
200.00

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

Mailing Address 528 S Bonita Ave

City State Zip Code
Panama City FL 32401-3979

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

Name of Employer Occupation
Bay Radiology Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 35158889

Amount of Each Receipt this Period
200.00

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

Mailing Address 6515 Fallwind Ln

City State Zip Code
Bethesda MD 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2010

Transaction ID: 35158890

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **440.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 125
(check only one)

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

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

A.

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

Mailing Address 824 Canyon Rd N

City State Zip Code
Tuscaloosa AL 35406-2104

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

Name of Employer Occupation
The Radiology Clinic, LLC Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35158891

Amount of Each Receipt this Period
2000.00

B.

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

Mailing Address 14470 Koffman Ranch Rd

City State Zip Code
North Port AL 35475-2310

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

Name of Employer Occupation
The Radiology Clinic, LLC Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35158892

Amount of Each Receipt this Period
2000.00

C.

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

Mailing Address The Radiology Clinic
208 McFarland Cir N

City State Zip Code
Tuscaloosa AL 35406-1809

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

Name of Employer Occupation
The Radiology Clinic, LLC Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35158893

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Charles King, JR		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address The Radiology Clinic 208 McFarland Cir N		Transaction ID: 35158894
City Tuscaloosa	State AL	Zip Code 35406-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) Dr. Cathy Lovett		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address The Radiology Clinic 208 McFarland Cir N		Transaction ID: 35158895
City Tuscaloosa	State AL	Zip Code 35406-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.

Full Name (Last, First, Middle Initial) Dr. Howard Holley		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address The Radiology Clinic 208 McFarland Cir N		Transaction ID: 35158896
City Tuscaloosa	State AL	Zip Code 35406-1809
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 125
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Russell Scholl	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address 1800 Lake Haven Cir	Transaction ID: 35158897
	City State Zip Code Tuscaloosa AL 35406-5014	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
B.	Full Name (Last, First, Middle Initial) Dr. J Alex Lushington, JR	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address The Radiology Clinic 208 McFarland Cir N	Transaction ID: 35158898
	City State Zip Code Tuscaloosa AL 35406-1809	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
C.	Full Name (Last, First, Middle Initial) Dr. J Byron Speed	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address 2695 Beacon Hill Pkwy	Transaction ID: 35158899
	City State Zip Code Tuscaloosa AL 35406-3680	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Caldwell

Mailing Address 2711 Regatta Way

City Tuscaloosa State AL Zip Code 35406-4022

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: 35158900
 Amount of Each Receipt this Period: 2000.00

B.

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

Mailing Address The Radiology Clinic
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: 35158901
 Amount of Each Receipt this Period: 1920.00

C.

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

Mailing Address 3054 Yorktown Dr

City Tuscaloosa State AL Zip Code 35406-2713

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: 35158902
 Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► 5920.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 125
(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. Bernard Veillon

Mailing Address 3320 Harbor Ridge Way

City Tuscaloosa State AL Zip Code 35406-4017

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158915
Amount of Each Receipt this Period 2000.00

B. Full Name (Last, First, Middle Initial)
Dr. Mathew Merritt

Mailing Address 208 McFarland Circle North

City Tuscaloosa State AL Zip Code 35406-1800

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158916
Amount of Each Receipt this Period 2000.00

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

Mailing Address The Radiology Clinic
208 McFarland Cir N

City Tuscaloosa State AL Zip Code 35406-1809

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2010
Transaction ID: 35158917
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 6000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Hugh Borak		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address The Radiology Clinic 208 McFarland Cir N		Transaction ID: 35158918
City Tuscaloosa	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. David Smith		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address 1314 Downing Rdg		Transaction ID: 35158919
City Tuscaloosa	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Christopher Sneckenberger		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
Mailing Address 979 Germantown Rd		Transaction ID: 35158921
City Tuscaloosa	State AL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer The Radiology Clinic, LLC	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 125
(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. Jason Bearden

Mailing Address 701 Indian Hills Dr

City Tuscaloosa State AL Zip Code 35406-2230

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2010

Transaction ID: 35158922

Amount of Each Receipt this Period 2000.00

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

Mailing Address 2605 Saratoga Ln

City Tuscaloosa State AL Zip Code 35406-1642

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

Name of Employer The Radiology Clinic, LLC Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 08 / 2010

Transaction ID: 35158923

Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Dr. Clarence Davis, III

Mailing Address 609 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 / 2010

Transaction ID: 35183908

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 4250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. John Lohnes, JR		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address Wichita Radiological Group PA PO Box 8903		Transaction ID: 35183909
City Wichita	State KS	Zip Code 67208-0903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wichita Radiological Group PA	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr. Bibb Allen, JR		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 3245 E Briarcliff Rd		Transaction ID: 35183910
City Birmingham	State AL	Zip Code 35223-1304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 625.00
Name of Employer Montclair Baptist Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Steven Miller		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 23 Moffat Rd		Transaction ID: 35183911
City Waban	State MA	Zip Code 02468-1112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

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 27 / 125
(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. Thomas Poulton

Mailing Address Aultman Hospital
2600 6th St SW

City Canton State OH Zip Code 44710-1799

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

Name of Employer Aultman Hospital Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 35183912
Amount of Each Receipt this Period: 250.00

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

Mailing Address 128 Killarney

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 35183928
Amount of Each Receipt this Period: 250.00

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

Mailing Address Cleveland Clinic Foundation
9500 Euclid Ave

City Cleveland State OH Zip Code 44195-5021

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: 06 / 15 / 2010
Transaction ID: 35184049
Amount of Each Receipt this Period: 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 540.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Eric Tocci

Mailing Address 437 Triton Road

City State Zip Code
Ormond Beach FL 32176-5459

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

Name of Employer
Radiology Associates of Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35184050

Amount of Each Receipt this Period
50.00

B.

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

Mailing Address 7 Cypress Hollow Ln

City State Zip Code
Ormond Beach FL 32174-3047

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

Name of Employer
Radiology Associates of Daytona Beach

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35184051

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 913 Southview PI NE

City State Zip Code
Lenoir NC 28645-3755

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

Name of Employer
Lenoir Radiology

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 15 / 2010

Transaction ID: 35184052

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **200.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 125
(check only one)

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

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

A.

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

Mailing Address 5624 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 35184053

Amount of Each Receipt this Period
45.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ira Adler

Mailing Address 879 Lexington Dr

City State Zip Code
Greenville NC 27834-0549

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

Name of Employer Occupation
Eastern Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 35184054

Amount of Each Receipt this Period
40.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kevin O'Brien

Mailing Address St Johns Macomb Hospital
11800 E 12 Mile Rd

City State Zip Code
Warren MI 48093-3494

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

Name of Employer Occupation
Diagnostic Radiology Consultants, PC Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.34

Date of Receipt
MM / DD / YYYY
06 / 15 / 2010

Transaction ID: 35184056

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **168.34**

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 30 / 125
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Terry Martin		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address Rad Assoc of Biirmingham PC 2090 Columbiana Rd Ste 4400		Transaction ID: 35184057		
	City Birmingham	State AL	Zip Code 35216-2152	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Rad Assoc of Biirmingham PC		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

B.	Full Name (Last, First, Middle Initial) Dr. Kent Lancaster		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 3141 Sundance Path		Transaction ID: 35184058		
	City Stevensville	State MI	Zip Code 49127-9376	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiology Associates of Berrie		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

C.	Full Name (Last, First, Middle Initial) Dr. Paul Ellenbogen		Date of Receipt MM / DD / YYYY 06 / 15 / 2010		
	Mailing Address 6612 Cliffbrook Dr		Transaction ID: 35184060		
	City Dallas	State TX	Zip Code 75254-8613	Amount of Each Receipt this Period 208.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southwest Imaging & Inter-ven specialis		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.04			

SUBTOTAL of Receipts This Page (optional)	350.34
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 31 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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: Radiology Associates of Mobile
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
301.25

Date of Receipt: 06 / 15 / 2010
Transaction ID: 35184062
 Amount of Each Receipt this Period: 42.00

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

Mailing Address 7418 Ridgecrest Court Rd

City State Zip Code
Birmingham AL 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 / 2010
Transaction ID: 35184063
 Amount of Each Receipt this Period: 83.34

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

Mailing Address 2466 Oak Bend PI

City State Zip Code
Newburgh IN 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 ▼
360.00

Date of Receipt: 06 / 15 / 2010
Transaction ID: 35184064
 Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► **185.34**

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 32 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Paul Lampert		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 2240 S. Elks Lane Unit 55		Transaction ID: 35184066
City Yuma	State AZ	Zip Code 85364-6284
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer MDIG	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

B.

Full Name (Last, First, Middle Initial) Dr. Daniel Cohen		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 1480 Brookfield Road		Transaction ID: 35184067
City Yardley	State PA	Zip Code 19067-3930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer Radiology Affiliates of Central New Je	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.

Full Name (Last, First, Middle Initial) Dr. Raja Cheruvu		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 165 Via Foresta Ln		Transaction ID: 35184068
City Williamsville	State NY	Zip Code 14221-1984
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Windsong Radiology Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

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: PAGE 33 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. John Renz		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address Mobile Infirmary Medical Center PO Box 2144		Transaction ID: 35184073
City Mobile	State AL	Zip Code 36652-2144
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Mobile Infirmary Medical Center	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Raymond A. Armstrong		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address Radiology of Huntsville 2006 Franklin St SE Ste 200		Transaction ID: 35184074
City Huntsville	State AL	Zip Code 35801-4537
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Baptist Medical Ctr-Montclair	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. H E. Longmaid, III		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 52 Harwich Rd		Transaction ID: 35184075
City Chestnut Hill	State MA	Zip Code 02467-3023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.67
Name of Employer Deaconess Hospital	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

SUBTOTAL of Receipts This Page (optional)	▶	191.67
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. William Deeter, III

Mailing Address 14 Ryedale Ct

City State Zip Code
Greenville SC 29615-6037

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

Name of Employer Occupation
Greenville Radiology

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.02

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: 35184079

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)

Dr. James Hiken

Mailing Address 7109 Cove Pointe PI

City State Zip Code
Prospect KY 40059-9680

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

Name of Employer Occupation
Diag. Imaging Alliance of Louisville 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
0 6 / 1 5 / 2 0 1 0

Transaction ID: 35184080

Amount of Each Receipt this Period
42.00

C.

Full Name (Last, First, Middle Initial)

Dr. Timothy Crummy

Mailing Address 2509 Middleton Beach Rd

City State Zip Code
Middleton WI 53562-2912

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

Name of Employer Occupation
Madison Radiologists Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 382.52

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 1 0

Transaction ID: 35184083

Amount of Each Receipt this Period
30.42

SUBTOTAL of Receipts This Page (optional)

114.09

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Kevin Smith		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address Regional Diagnostic Radiology 1406 6th Ave N		Transaction ID: 35184084
City Saint Cloud	State MN	Zip Code 56303-1900
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.34
Name of Employer Regional Diagnostic Radiology	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	

B.

Full Name (Last, First, Middle Initial) Dr. Raul de la Vega, III		Date of Receipt MM / DD / YYYY 06 / 15 / 2010
Mailing Address 2936 Grampian Dr		Transaction ID: 35184085
City Gastonia	State NC	Zip Code 28054-6402
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 45.00
Name of Employer Shelby Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.

Full Name (Last, First, Middle Initial) Dr. Edward Fallon, III		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
Mailing Address West Reading Radiology Assoc 301 S 7th Ave		Transaction ID: 35429897
City West Reading	State PA	Zip Code 19611-1410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer West Reading Radiology Assoc	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	503.34
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 36 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Ginseppe Ammirati

Mailing Address 12777 Via Terceto

City State Zip Code
San Diego CA 92130-2176

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

Name of Employer Occupation
La Jolla Radiology Medical Diagnostic Radiologist
Group

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

Date of Receipt

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

Transaction ID: 35429898

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Dr. Robert Varney

Mailing Address 1752 Wilstone Ave

City State Zip Code
Encinitas CA 92024-1124

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

Name of Employer Occupation
La Jolla Radiology Medical Diagnostic Radiologist
Group

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

Date of Receipt

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

Transaction ID: 35429899

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Dr. Kris Van Lom

Mailing Address La Jolla Rad Med Grp Dia Inc
10150 Sorrento Valley Rd Ste 320

City State Zip Code
San Diego CA 92121-1614

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

Name of Employer Occupation
La Jolla Radiology Medical Diagnostic Radiologist
Group

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

Date of Receipt

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

Transaction ID: 35429900

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Trevor Nelson		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
Mailing Address La Jolla Radiology Medical Group 10150 Sorrento Valley Rd Ste 320		Transaction ID: 35429901
City San Diego	State CA	Zip Code 92121-1614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer La Jolla Radiology Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Lonnie Simmons		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
Mailing Address Gundersen/Lutheran Medical Center 1900 South Ave C02-002		Transaction ID: 35429922
City La Crosse	State WI	Zip Code 54601-5467
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.34
Name of Employer Gundersen Lutheran Clinic	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

C.

Full Name (Last, First, Middle Initial) Dr. Rita S. Patel		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 3 Ware Rd		Transaction ID: 35442078
City Upper Saddle River	State NJ	Zip Code 07458-1919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
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	

SUBTOTAL of Receipts This Page (optional)	▶	363.34
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 38 / 125

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Mitchell Miller		Date of Receipt MM / DD / YYYY 06 / 22 / 2010		
	Mailing Address 2 Constitution Ct Apt 1009		Transaction ID: 35442079		
	City Hoboken	State NJ	Zip Code 07030-6730	Amount of Each Receipt this Period 30.00	
	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) ▼		Aggregate Year-to-Date ▼ 360.00			

B.	Full Name (Last, First, Middle Initial) Dr. George Joseph Ferrone		Date of Receipt MM / DD / YYYY 06 / 22 / 2010		
	Mailing Address 440 E 62nd St Apt 18F		Transaction ID: 35442080		
	City New York	State NY	Zip Code 10065-8345	Amount of Each Receipt this Period 30.00	
	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) ▼		Aggregate Year-to-Date ▼ 360.00			

C.	Full Name (Last, First, Middle Initial) Dr. Hiten Magan Malde		Date of Receipt MM / DD / YYYY 06 / 22 / 2010		
	Mailing Address 7 Kinkaid Ave		Transaction ID: 35442081		
	City Closter	State NJ	Zip Code 07624-2908	Amount of Each Receipt this Period 30.00	
	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) ▼		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: PAGE 39 / 125

(check only one)

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

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

A.

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

Mailing Address 200 W 72nd St Apt 11k

City State Zip Code
New York NY 10023-2805

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 / 2010

Transaction ID: 35442082

Amount of Each Receipt this Period 30.00

B.

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

Mailing Address Hackensack University Medical Ctr
30 Prospect Ave

City State Zip Code
Hackensack NJ 07601-1914

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 22 / 2010

Transaction ID: 35442083

Amount of Each Receipt this Period 30.00

C.

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

Mailing Address 124 W 60th St Apt 45

City State Zip Code
New York NY 10023-7451

FEC ID number of contributing federal political committee. C

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 22 / 2010

Transaction ID: 35442084

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: PAGE 40 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Dr. Kavita Patel

Mailing Address 35 Annfield Ct

City State Zip Code
Staten Island NY 10304-1301

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 330.00

Date of Receipt

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

Transaction ID: 35442085

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Dr. Andrew Osiason

Mailing Address 506 Julie Ct

City State Zip Code
Wyckoff NJ 07481-1101

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

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

Transaction ID: 35442086

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

Dr. David Panush

Mailing Address 538 E 84th St Apt 4E

City State Zip Code
New York NY 10028-7357

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 360.00

Date of Receipt

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

Transaction ID: 35442087

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: PAGE 41 / 125
(check only one)

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

A.

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

Mailing Address 505 Ivy Lane

City State Zip Code
Wyckoff NJ 07481-1072

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: 35442088

Amount of Each Receipt this Period
30.00

B.

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

Mailing Address 201 E 80th St Apt 8F

City State Zip Code
New York NY 10021-0515

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: 35442089

Amount of Each Receipt this Period
30.00

C.

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

Mailing Address 18 Baldwin Rd

City State Zip Code
Saddle River NJ 07458-3203

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

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

Transaction ID: 35442090

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: PAGE 42 / 125
(check only one)

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

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

A.

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

Mailing Address 509 48th Ave Apt 2A

City State Zip Code
Long Island City NY 11101-5604

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35442091

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Dr. Regina Chu

Mailing Address 15 Ogle Rd

City State Zip Code
Old Tappan NJ 07675-7028

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35442092

Amount of Each Receipt this Period
19.23

C.

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

Mailing Address 943 High Mountain Rd

City State Zip Code
Franklin Lakes NJ 07417-1619

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

Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35442094

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional) ► **68.46**

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

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

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

FOR LINE NUMBER: PAGE 43 / 125
(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. Margaret Emy
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 / 2010
Transaction ID: 35442095
Amount of Each Receipt this Period 19.23

B. Full Name (Last, First, Middle Initial)
Dr. Joel Budin
Mailing Address 140 Chestnut St
City Englewood State NJ Zip Code 07631-3033
FEC ID number of contributing federal political committee. **C**
Name of Employer Hackensack Radiology Group Occupation Diagnostic Radiologist
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76
Date of Receipt 06 / 22 / 2010
Transaction ID: 35442096
Amount of Each Receipt this Period 19.23

C. Full Name (Last, First, Middle Initial)
Dr. Clement Yang
Mailing Address 555 W 59th St Apt 19E
City 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 / 2010
Transaction ID: 35442097
Amount of Each Receipt this Period 19.23

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 125

(check only one)

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

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

A.

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

Mailing Address 405 Golf Course Dr

City State Zip Code
Leonia NJ 07605-1415

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.76

Date of Receipt

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

Transaction ID: 35442098

Amount of Each Receipt this Period

19.23

B.

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

Mailing Address 24 Briarcliff Rd

City State Zip Code
Tenafly NJ 07670-2902

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.76

Date of Receipt

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

Transaction ID: 35442160

Amount of Each Receipt this Period

19.23

C.

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

Mailing Address 10 Lexington Ct

City State Zip Code
Englewood NJ 07631-3081

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

Name of Employer Occupation
Hackensack Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 230.76

Date of Receipt

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

Transaction ID: 35442161

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional)

57.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 125

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Gail Starr		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address Hackensack Univ Med Ctr 20 Prospect Ave Ste 513		Transaction ID: 35442163
	City Hackensack	State NJ	Zip Code 07601-1962
	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 ▼ 230.76	

B.	Full Name (Last, First, Middle Initial) Dr. Gregory Nicola		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address 101 W End Ave Apt 16H		Transaction ID: 35442164
	City New York	State NY	Zip Code 10023-6337
	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 ▼ 230.76	

C.	Full Name (Last, First, Middle Initial) Dr. Raymond Thomas		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
	Mailing Address Florence Radiological 515 Rosewood Drive		Transaction ID: 35442165
	City Florence	State SC	Zip Code 29501-5455
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 62.50
	Name of Employer Florence Radiological Associates	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

100.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 125
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
Dr. Samuel Hill, IV

Mailing Address 1860 Houndsfield Dr

City State Zip Code
Florence SC 29506-8552

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

Name of Employer
Florence Radiological Associates, P.A.

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35442284

Amount of Each Receipt this Period
62.50

B.

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

Mailing Address PO Box 1643

City State Zip Code
Rancho Santa Fe CA 92067-1643

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

Name of Employer
La Jolla Radiology Medical Group

Occupation
Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35443762

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3795 Derby Bluffs Way

City State Zip Code
San Diego CA 92130-5101

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

Name of Employer
La Jolla Radiology Medical Group

Occupation
Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 22 / 2010

Transaction ID: 35443763

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **562.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ratana Bhardwaj

Mailing Address 7390 Escallonia Ct

City State Zip Code
Carlsbad CA 92011-4692

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

Name of Employer Occupation
La Jolla Radiology Medical Diagnostic Radiologist
Group

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 35443764

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Lida Chaipat

Mailing Address 4337 Corte De Sausalito

City State Zip Code
San Diego CA 92130-8663

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

Name of Employer Occupation
La Jolla Radiology Medical Diagnostic Radiologist
Group

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 35443765

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Larry De St Jeor

Mailing Address 549 E Mallard Cir

City State Zip Code
Fresno CA 93720-1228

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

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

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

Transaction ID: 35443779

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Paul Sylvan		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address La Jolla Rad Med Grp Dia Inc 10150 Sorrento Valley Rd Ste 320		Transaction ID: 35443780
City San Diego	State CA	
Zip Code 92121-1614		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer La Jolla Radiology Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. George Wesbey, III		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address La Jolla Rad Med Grp Dia Inc 10150 Sorrento Valley Rd Ste 320		Transaction ID: 35443781
City San Diego	State CA	
Zip Code 92121-1614		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer La Jolla Radiology Medical Group	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. Donald Frush		Date of Receipt MM / DD / YYYY 06 / 22 / 2010
Mailing Address 610 Patrick Rd		Transaction ID: 35443782
City Bahama	State NC	
Zip Code 27503-8717		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Duke Univ Med Ctr	Occupation Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 49 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Terry P. Prince

Mailing Address 717 S Columbus Boulevard Apt. 801

City State Zip Code
Philadelphia PA 19147-3510

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

Name of Employer Occupation
U of Miami-Jackson Memorial Hosp Diagnostic Radiologist

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

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 35466198

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Philip Strobl

Mailing Address 30 Alexander Dr

City State Zip Code
Williamstown WV 26187-8302

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

Name of Employer Occupation
Roentgen Diagnostics Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35476027

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Katherine Shaffer

Mailing Address Froedtert Mem Lutheran Hospital
9200 W Wisconsin Ave

City State Zip Code
Milwaukee WI 53226-3596

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

Name of Employer Occupation
Medical College of Wisconsin Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35602495

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 125
(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. Kathleen Draths-Hanson

Mailing Address 751 Riford Rd

City State Zip Code
Glen Ellyn IL 60137-3950

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

Name of Employer Occupation
Midwest Imaging Special- Diagnostic Radiologist
ists

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 35602496

Amount of Each Receipt this Period
200.00

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

Mailing Address 1041 Maple Ct

City State Zip Code
Athens GA 30606-5746

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

Name of Employer Occupation
Athens Radiology Associat- Diagnostic Radiologist
es

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 35602497

Amount of Each Receipt this Period
125.00

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

Mailing Address 124 W Lake Ct

City State Zip Code
Athens GA 30606-4655

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

Name of Employer Occupation
Athens Radiology Associat- Diagnostic Radiologist
es

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2010

Transaction ID: 35602498

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 125
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. Curtis Poor		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2415 Eagle Cir		Transaction ID: 35602499
	City State Zip Code Bettendorf IA 52722-6202	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	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			

B.	Full Name (Last, First, Middle Initial) Dr. Sean Theisen		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1346 Whispering Maples Ct		Transaction ID: 35602500
	City State Zip Code Ann Arbor MI 48108-2492	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
	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			

C.	Full Name (Last, First, Middle Initial) Dr. Mark Yuhasz		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address Tacoma Radiological Associates PO Box 1535		Transaction ID: 35602501
	City State Zip Code Tacoma WA 98401-1535	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
	Name of Employer Tacoma Radiology Associates	Occupation Diagnostic Radiologist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00			

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 52 / 125
(check only one)

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

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

A.

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

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 06 / 30 / 2010
Transaction ID: 35602503
Amount of Each Receipt this Period 125.00

B.

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

Mailing Address 1439 Garrett Dr

City Wall Township State NJ Zip Code 07719-9648

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

Name of Employer Jersey Shore Radiology Associates Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35602511
Amount of Each Receipt this Period 40.00

C.

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

Mailing Address 7 Foxglove Ct

City Greenville State SC Zip Code 29615-5505

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

Name of Employer Greenville Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35602512
Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 207.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 125
(check only one)

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

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

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

Mailing Address 302 Topwater Ln

City Greensboro State NC Zip Code 27455-3423

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

Name of Employer Greensboro Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35602513
Amount of Each Receipt this Period 60.00

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

Mailing Address Radiology Assoc of Birmingham
2090 Columbiana Rd Ste 4400

City Birmingham State AL Zip Code 35216-2153

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

Name of Employer Radiology Associates of Birmingham Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35602515
Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard Bear

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 ▼ 300.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35602517
Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 125
(check only one)

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

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

A.

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

Mailing Address 9132 E 101st PI

City State Zip Code
Tulsa OK 74133-6912

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 35602523

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address Radiology Associates of Birmingham
2090 Columbiana Rd Ste 4400

City State Zip Code
Birmingham AL 35216-2152

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

Name of Employer Occupation
Radiology Associates of Diagnostic Radiologist
Birmingham, PC

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 35602524

Amount of Each Receipt this Period
100.00

C.

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

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 366.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 35602525

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 390.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 125
(check only one)

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

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

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

Mailing Address 939 Quarter Round Road

City State Zip Code
Pacolet SC 29372-3516

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35602526
Amount of Each Receipt this Period: 100.00

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

Mailing Address 5600 Laurium Rd

City State Zip Code
Charlotte NC 28226-5610

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35602528
Amount of Each Receipt this Period: 40.00

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

Mailing Address 10525 Concord School Rd

City State Zip Code
Saint Louis MO 63128-1232

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

Name of Employer 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 / 2010
Transaction ID: 35602530
Amount of Each Receipt this Period: 85.00

SUBTOTAL of Receipts This Page (optional) ► 225.00

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 / 125
(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. Mary Pomeroy

Mailing Address 2625 Rolling Hills Dr

City State Zip Code
Monroe NC 28110-8408

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35602531

Amount of Each Receipt this Period
42.00

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

Mailing Address 6641 N Forkner Ave

City State Zip Code
Fresno CA 93711-1326

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

Name of Employer Occupation
Sierra Imaging Associates Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35602534

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Dr. Alfred Mansour, JR

Mailing Address Central LA Imaging Inc
3704 North Blvd Ste A

City State Zip Code
Alexandria LA 71301-3606

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

Name of Employer Occupation
Central LA Imaging Inc. Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35602537

Amount of Each Receipt this Period
83.34

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: PAGE 57 / 125
(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. Eric Sax

Mailing Address 9 Old Sudbury Rd

City Lincoln State MA Zip Code 01773-4807

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 ▼ 500.04

Date of Receipt 06 / 30 / 2010

Transaction ID: 35602540

Amount of Each Receipt this Period 83.34

B. Full Name (Last, First, Middle Initial)
Dr. Amy Kirby

Mailing Address 5209 Pulchella Dr

City Oklahoma City State OK Zip Code 73142-6811

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

Name of Employer Eagle Eye Imaging Occupation Radiology Resident

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35602542

Amount of Each Receipt this Period 200.00

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

Mailing Address 8824 Wildflower Dr

City Cheyenne State WY Zip Code 82009-1215

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

Name of Employer Baylor College of Medicine Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35602543

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ► **323.34**

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 58 / 125
(check only one)

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

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

A.

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

Mailing Address 2821 Argyle Rd

City Birmingham State AL Zip Code 35213-3403

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

Name of Employer Advanced Imaging Assoc of AL Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35602545

Amount of Each Receipt this Period 100.00

B.

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

Mailing Address 2320 Cromwell Cir

City Davenport State IA Zip Code 52807-2833

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605143

Amount of Each Receipt this Period 600.00

C.

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

Mailing Address 6515 Fallwind Ln

City Bethesda State MD Zip Code 20817-4941

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605144

Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional) ▶ 740.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. John Baden		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 9601 Lile Dr Ste 1100		Transaction ID: 35605145
City Little Rock	State AR	Zip Code 72205-6333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

B.

Full Name (Last, First, Middle Initial) Dr. Amanda Ferrell		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 1606 Blair St		Transaction ID: 35605146
City Little Rock	State AR	Zip Code 72207-5302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

C.

Full Name (Last, First, Middle Initial) Dr. Kevin Forte		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address Radiology Consultants 9601 Lile Dr Ste 1100		Transaction ID: 35605147
City Little Rock	State AR	Zip Code 72205-6333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
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 ▼ 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: PAGE 60 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Clinton Fuller, III

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 06 / 30 / 2010

Transaction ID: 35605149

Amount of Each Receipt this Period 125.00

B.

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

Mailing Address 55 Maisons Dr

City Little Rock State AR Zip Code 72223-9020

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 / 30 / 2010

Transaction ID: 35605150

Amount of Each Receipt this Period 250.00

C.

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

Mailing Address 18 Farnham Loop

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605151

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: PAGE 61 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Michael King		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address Rad Consultants of Little Rock 9601 Lile Dr Ste 1100		Transaction ID: 35605152
City Little Rock	State AR	Zip Code 72205-6333
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

B.

Full Name (Last, First, Middle Initial) Dr. David Kolb		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 25 Talais Dr		Transaction ID: 35605153
City Little Rock	State AR	Zip Code 72223-9129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

C.

Full Name (Last, First, Middle Initial) Dr. Ronald J. Martin		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 110 Buckland Pl		Transaction ID: 35605162
City Little Rock	State AR	Zip Code 72223-4567
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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: PAGE 62 / 125
(check only one)

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

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

A.

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

Mailing Address 48 Hickory Hills Cir

City State Zip Code
Little Rock AR 72212-2766

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

Name of Employer Occupation
Radiology Consultants of Diagnostic Radiologist
Little Rock

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

Date of Receipt

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

Transaction ID: 35605163

Amount of Each Receipt this Period

250.00

B.

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

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

City State Zip Code
Little Rock AR 72205-6333

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

Name of Employer Occupation
Radiology Consultants of Diagnostic Radiologist
Little Rock

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

Date of Receipt

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

Transaction ID: 35605164

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. W Dale Perrymore

Mailing Address 6 Courts Dr

City State Zip Code
Little Rock AR 72223-9021

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

Name of Employer Occupation
Radiology Consultants of Diagnostic Radiologist
Little Rock

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

Date of Receipt

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

Transaction ID: 35605165

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 63 / 125
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Kenneth Robbins	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address Radiology Consultants 9601 Lile Dr Ste 1100	Transaction ID: 35605166
	City Little Rock State AR Zip Code 72205-6333	Amount of Each Receipt this Period 250.00
	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	

B.	Full Name (Last, First, Middle Initial) Dr. Martin Robinson	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 1515 Wetherborne Dr	Transaction ID: 35605170
	City Little Rock State AR Zip Code 72211-6125	Amount of Each Receipt this Period 125.00
	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Thomas St Amour	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 14116 Belle Pointe Dr	Transaction ID: 35605171
	City Little Rock State AR Zip Code 72212-3697	Amount of Each Receipt this Period 250.00
	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)	625.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 64 / 125
(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. Todd Smith

Mailing Address 18 Masters Cir

City State Zip Code
Little Rock AR 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

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

Transaction ID: 35605172

Amount of Each Receipt this Period
250.00

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

Mailing Address 216 Buckland Cir

City State Zip Code
Little Rock AR 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

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

Transaction ID: 35605173

Amount of Each Receipt this Period
250.00

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

Mailing Address 55 Robinwood Dr

City State Zip Code
Little Rock AR 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

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

Transaction ID: 35605174

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 125

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Ross Bellavia

Mailing Address 8618 Longview Club Dr

City Waxhaw State NC Zip Code 28173-6821

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 ▼ 252.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605176

Amount of Each Receipt this Period 126.00

B.

Full Name (Last, First, Middle Initial)
Dr. Christina Chaconas

Mailing Address 3908 Foxcroft Rd

City Charlotte State NC Zip Code 28211-3757

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 ▼ 252.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605177

Amount of Each Receipt this Period 126.00

C.

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

Mailing Address 7113 Fairway Vista Dr

City Charlotte State NC Zip Code 28226-6870

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605178

Amount of Each Receipt this Period 126.00

SUBTOTAL of Receipts This Page (optional) 378.00

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 66 / 125
(check only one)

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

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

A.

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

Mailing Address 1620 Biltmore Drive

City State Zip Code
Charlotte NC 28207-2612

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

Name of Employer NYU/Bellevue/VA Medical Center
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605179

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Charlotte Radiology PA
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605181

Amount of Each Receipt this Period
126.00

C.

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

Mailing Address Charlotte Radiology PA
3030 Latrobe Dr

City State Zip Code
Charlotte NC 28211-4866

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 ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605182

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 / 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr. Olin Harbury		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address Charlotte Radiology 3030 Latrobe Dr		Transaction ID: 35605183		
	City Charlotte	State NC	Zip Code 28211-4867	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Hospital	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

B.	Full Name (Last, First, Middle Initial) Dr. Scott Hees		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 119 Saint Mellions		Transaction ID: 35605184		
	City Pinehurst	State NC	Zip Code 28374-8104	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

C.	Full Name (Last, First, Middle Initial) Dr. Brian Howard		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 6632 Summer Darby Lane		Transaction ID: 35605187		
	City Charlotte	State NC	Zip Code 28270-2811	Amount of Each Receipt this Period 126.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Charlotte Radiology	Occupation Diagnostic Radiologist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

SUBTOTAL of Receipts This Page (optional)	378.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 125

(check only one)

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

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

A.

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35605188

Amount of Each Receipt this Period

126.00

B.

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

Mailing Address 1644 Windy Ridge Rd

City State Zip Code
Charlotte NC 28270-1107

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

Name of Employer Occupation
Mount Sinai Medical Center 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
0 6 / 3 0 / 2 0 1 0

Transaction ID: 35605189

Amount of Each Receipt this Period

126.00

C.

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

Mailing Address 2500 Maynard Rd

City State Zip Code
Charlotte NC 28270-0754

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35605190

Amount of Each Receipt this Period

126.00

SUBTOTAL of Receipts This Page (optional)

378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 125
(check only one)

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

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

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

A.

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

Mailing Address 127 N Tryon St Apt 406

City State Zip Code
Charlotte NC 28202-1107

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605191

Amount of Each Receipt this Period
126.00

B.

Full Name (Last, First, Middle Initial)
Dr. Fred Lassiter

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605193

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Dr. Barry McGinnis

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology PA Diagnostic Radiologist

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

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605194

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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

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

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

FOR LINE NUMBER: PAGE 70 / 125
(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. Robert Mittl, JR
Mailing Address 4733 Coburn Court
City State Zip Code
Charlotte NC 28277-2593
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 462.00
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0
Transaction ID: 35605195
Amount of Each Receipt this Period
126.00

B. Full Name (Last, First, Middle Initial)
Dr. James Oliver, III
Mailing Address 4015 Winterberry Pl
City State Zip Code
Charlotte NC 28210-7329
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology, P.A. Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 252.00
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0
Transaction ID: 35605196
Amount of Each Receipt this Period
126.00

C. Full Name (Last, First, Middle Initial)
Dr. Mary Pomeroy
Mailing Address 2625 Rolling Hills Dr
City State Zip Code
Monroe NC 28110-8408
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00
Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0
Transaction ID: 35605197
Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► 378.00
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 / 125

(check only one)

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

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

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

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

Mailing Address 4315 Gosford PI

City State Zip Code
Charlotte NC 28277-4546

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 492.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605199

Amount of Each Receipt this Period 126.00

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

Mailing Address Charlotte Radiology
3030 Latrobe Dr

City State Zip Code
Charlotte NC 28211-4866

FEC ID number of contributing federal political committee. C

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605200

Amount of Each Receipt this Period 126.00

C. Full Name (Last, First, Middle Initial)
Dr. Rajiv Sharma

Mailing Address 1228 Firethorne Club Drive

City State Zip Code
Waxhaw NC 28173-6553

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35605201

Amount of Each Receipt this Period 126.00

SUBTOTAL of Receipts This Page (optional) 378.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 72 / 125
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Dale Shaw

Mailing Address 3601 Sharon Rd

City State Zip Code
Charlotte NC 28211-3325

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605202

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address 160 Pitch Pine Ln

City State Zip Code
Pinehurst NC 28374-9217

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

Name of Employer Occupation
Self-Employed Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605203

Amount of Each Receipt this Period
126.00

C.

Full Name (Last, First, Middle Initial)
Dr. Walter Steele

Mailing Address 2115 Foxcroft Woods Ln

City State Zip Code
Charlotte NC 28211-2666

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605205

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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 73 / 125
(check only one)

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

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

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

A.

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

Mailing Address 7047 Whitemarsh Ct

City State Zip Code
Charlotte NC 28210-4901

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605206

Amount of Each Receipt this Period
126.00

B.

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

Mailing Address Charlotte Radiology PA
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology PA Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 752.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605207

Amount of Each Receipt this Period
126.00

C.

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

Mailing Address Charlotte Radiology
PO Box 36937

City State Zip Code
Charlotte NC 28236-6937

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

Name of Employer Occupation
Charlotte Radiology Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605209

Amount of Each Receipt this Period
126.00

SUBTOTAL of Receipts This Page (optional) ► **378.00**

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 74 / 125
(check only one)

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

A.

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

Mailing Address Charlotte Radiology
PO Box 36937

City Charlotte State NC Zip Code 28236-6937

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

Name of Employer Charlotte Radiology Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35605238
Amount of Each Receipt this Period 126.00

B.

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

Mailing Address 6011 Bentway Dr

City Charlotte State NC Zip Code 28226-8052

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

Name of Employer Charlotte Radiology PA Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35605239
Amount of Each Receipt this Period 126.00

C.

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

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

City Norfolk State VA Zip Code 23502-4008

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

Name of Employer Medical Center Radiologists Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2010
Transaction ID: 35605368
Amount of Each Receipt this Period 249.99

SUBTOTAL of Receipts This Page (optional) ► **501.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Lauren Granata

Mailing Address 1317 Five Point Rd

City State Zip Code
Virginia Beach VA 23454-1930

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

Name of Employer Medical Center Radiologists
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605369

Amount of Each Receipt this Period
252.00

B.

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

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Medical Center Radiologists, I
Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605370

Amount of Each Receipt this Period
255.00

C.

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

Mailing Address 917 Kings Cross

City State Zip Code
Virginia Beach VA 23452-6230

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 ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605371

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **807.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 125
(check only one)

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

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

A.

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

Mailing Address 2020 Canal Rd

City State Zip Code
Virginia Beach VA 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 ▼
510.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605389

Amount of Each Receipt this Period
255.00

B.

Full Name (Last, First, Middle Initial)
Dr. Karah Lanier

Mailing Address 1153 Sunlight Dr

City State Zip Code
Chesapeake VA 23322-7121

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

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605390

Amount of Each Receipt this Period
150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Phillip Luebbert

Mailing Address 9528 25th Bay St

City State Zip Code
Norfolk VA 23518-1812

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 ▼
499.98

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605391

Amount of Each Receipt this Period
249.99

SUBTOTAL of Receipts This Page (optional) ▶ **654.99**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 125
(check only one)

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

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

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

<p>A. Full Name (Last, First, Middle Initial) Dr. Susan McKenzie</p> <p>Mailing Address Medical Ctr Rads Inc Bldg 13 6330 N Center Dr Ste 220</p> <p>City Norfolk State VA Zip Code 23502-4008</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 499.98</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 35605392</p> <p>Amount of Each Receipt this Period 249.99</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												

<p>B. Full Name (Last, First, Middle Initial) Dr. Eveleen Oleinik</p> <p>Mailing Address 1021 Downshire Chase</p> <p>City Virginia Beach State VA Zip Code 23452-6154</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 252.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 35605536</p> <p>Amount of Each Receipt this Period 126.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												

<p>C. Full Name (Last, First, Middle Initial) Dr. Adam Specht</p> <p>Mailing Address 3309 Chappell PI</p> <p>City Virginia Beach State VA Zip Code 23452-6290</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Center Radiologists, Inc Occupation Diagnostic Radiologist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 600.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Transaction ID: 35605537</p> <p>Amount of Each Receipt this Period 300.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	1	0												

SUBTOTAL of Receipts This Page (optional)	675.99
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 78 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Mailing Address 1037 Long Beeches Ave

City State Zip Code
Chesapeake VA 23320-0681

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt

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

Transaction ID: 35605538

Amount of Each Receipt this Period
125.01

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

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

City State Zip Code
Norfolk VA 23502-4101

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 498.00

Date of Receipt

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

Transaction ID: 35605539

Amount of Each Receipt this Period
249.00

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

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

City State Zip Code
Norfolk VA 23502-4008

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

Name of Employer Medical Center Radiologists, I Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt

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

Transaction ID: 35605540

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **524.01**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 125

(check only one)

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

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

A.

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

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

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35605544

Amount of Each Receipt this Period

150.00

B.

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

Mailing Address 7101 E Berneil Ln

City State Zip Code
Paradise Valley AZ 85253-1973

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 ▼ 450.00

Date of Receipt

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

Transaction ID: 35605546

Amount of Each Receipt this Period

225.00

C.

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

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

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

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

Transaction ID: 35605547

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: PAGE 80 / 125
(check only one)

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

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

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

Mailing Address 9477 E Shangri LA Rd

City State Zip Code
Scottsdale AZ 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
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605548

Amount of Each Receipt this Period
150.00

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

Mailing Address Scottsdale Medical Imaging
3501 N Scottsdale Rd Ste 130

City State Zip Code
Scottsdale AZ 85251-5649

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

Name of Employer Southwest Diagnostic Imag- ing Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605588

Amount of Each Receipt this Period
150.00

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

Mailing Address 6419 E Caron Dr

City State Zip Code
Paradise Valley AZ 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
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605589

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: PAGE 81 / 125
(check only one)

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

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

A.

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

Mailing Address 13026 E Turquoise Ave

City State Zip Code
Scottsdale AZ 85259-5341

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

Name of Employer Occupation
Scottsdale Medical Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605591

Amount of Each Receipt this Period
150.00

B.

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

Mailing Address 9944 E South Bend Dr

City State Zip Code
Scottsdale AZ 85255-2538

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

Name of Employer Occupation
Southwest Diagnostic Imaging Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605593

Amount of Each Receipt this Period
120.00

C.

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

Mailing Address 14627 E Paradise Dr

City State Zip Code
Fountain Hills AZ 85268-6157

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

Name of Employer Occupation
PO Box 1573 Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35605595

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **420.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Sunil Ram

Mailing Address 12455 N 118th Way

City State Zip Code
Scottsdale AZ 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
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35606007

Amount of Each Receipt this Period
300.00

B.

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

Mailing Address 10537 E Sunnyside Dr

City State Zip Code
Scottsdale AZ 85259-2917

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35606008

Amount of Each Receipt this Period
120.00

C.

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

Mailing Address 10678 E Palm Ridge Dr

City State Zip Code
Scottsdale AZ 85255-1717

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

Name of Employer Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35606009

Amount of Each Receipt this Period
150.00

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: PAGE 83 / 125
(check only one)

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

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

A.

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

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 Scottsdale Medical Imaging Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35606187

Amount of Each Receipt this Period
105.00

B.

Full Name (Last, First, Middle Initial)
Dr. Rodney Owen

Mailing Address 9122 N 60th St

City State Zip Code
Paradise Valley AZ 85253-1735

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 ▼ 540.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35606188

Amount of Each Receipt this Period
270.00

C.

Full Name (Last, First, Middle Initial)
Dr. Aimee Monica Aguiar

Mailing Address 7391 Southwest 78 Court

City State Zip Code
Miami FL 33143-4023

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

Name of Employer Radiology Associates of South Florida Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35613308

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1375.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 125
(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. Jack Ziffer

Mailing Address Miami Cardiac & Vascular Inst
8900 N Kendall Dr

City Miami State FL Zip Code 33176-2197

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

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

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613309
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Hao V. Vuong

Mailing Address 888 Brickwell Key Dr
Apt 2706

City Miami Beach State FL Zip Code 33131-2672

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

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

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613310
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Eduardo Villalobos

Mailing Address 9783 SW 57th Street

City Miami State FL Zip Code 33173-1487

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

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

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613311
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Athanassios I. Tsoukas

Mailing Address 3211 Morris Ln

City Miami State FL Zip Code 33133-3230

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613312
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Cliff E. Stamler

Mailing Address 10345 Coral Creek Rd.

City Coral Gables State FL Zip Code 33156-3426

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613323
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Antonio Rabassa

Mailing Address 300 Cypress Dr

City Key Biscayne State FL Zip Code 33149-1210

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 35613324
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 125
(check only one)

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

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

A.

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

Mailing Address 6405 SW 114th St

City Miami State FL Zip Code 33156-4868

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613325

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Ivan Malave-Vidal

Mailing Address South Miami Hospital
6200 SW 73rd St

City South Miami State FL Zip Code 33143-4679

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613326

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Dr. Kirsten Luedemann

Mailing Address 8860 SW 105th St

City Miami State FL Zip Code 33176-3716

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613327

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Stephane Lafosse-Marin

Mailing Address 4200 Sunshine Road

City Miami State FL Zip Code 33133-6741

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613621

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address South Miami Hospital
6200 SW 73rd St

City South Miami State FL Zip Code 33143-4679

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613622

Amount of Each Receipt this Period 1000.00

C.

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

Mailing Address 8325 Grand Canal Drive

City Miami State FL Zip Code 33144-3539

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

Name of Employer Radiology Associates of South Florida. Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613623

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **3000.00**

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

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

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

FOR LINE NUMBER: PAGE 88 / 125
(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. Juan Diez

Mailing Address 1331 Brickell Bay Dr Apt 3611

City State Zip Code
Miami FL 33131-3686

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

Name of Employer: Radiology Associates of South Florida. Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613624
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Ricardo Cury

Mailing Address 13030 Zambrana St

City State Zip Code
Coral Gables FL 33156-6440

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

Name of Employer: Radiology Associates of South Florida. Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613625
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Ira Braun

Mailing Address 13520 SW 63rd Ave

City State Zip Code
Miami FL 33156-7012

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

Name of Employer: Radiology Associates of South Florida. Occupation: Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613628
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 125
(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. Kevin Abrams

Mailing Address 4410 Nautilus Dr

City State Zip Code
Miami Beach FL 33140-2826

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

Name of Employer: Radiology Associates of Southern Flori
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613629
 Amount of Each Receipt this Period: 1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Neil Messinger

Mailing Address Baptist Hospital of Miami
8900 N Kendall Dr

City State Zip Code
Miami FL 33176-2197

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

Name of Employer: Radiology Associates of South Florida
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613630
 Amount of Each Receipt this Period: 500.00

C.

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

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer: Radiological Assoc. of Sa-
cramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613764
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 125
(check only one)

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

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

A.

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

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 / 30 / 2010

Transaction ID: 35613765

Amount of Each Receipt this Period 300.00

B.

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

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 / 30 / 2010

Transaction ID: 35613771

Amount of Each Receipt this Period 300.00

C.

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

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 Associates of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.08

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613772

Amount of Each Receipt this Period 680.04

SUBTOTAL of Receipts This Page (optional) ► **1280.04**

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: PAGE 91 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Nicole Carbo		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613773
City Sacramento	State CA	Zip Code 95815-4227
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 Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.

Full Name (Last, First, Middle Initial) Dr. Christopher Chong		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 27075 E El Macero		Transaction ID: 35613774
City El Macero	State CA	Zip Code 95618-1006
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 Diagnostic Radiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Dr. Huu-Ninh Dao		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 2627 Rockwell Dr		Transaction ID: 35613775
City Davis	State CA	Zip Code 95618-7664
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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) ▼	Aggregate Year-to-Date ▼ 600.00	

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 92 / 125

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. John De la Vega		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 0		
	Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613785		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 625.02	
	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			

B.	Full Name (Last, First, Middle Initial) Dr. Roland DeMarco		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 0		
	Mailing Address 5174 Prior Rdg		Transaction ID: 35613786		
	City Granite Bay	State CA	Zip Code 95746-7186	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc. of Sacramento		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

C.	Full Name (Last, First, Middle Initial) Dr. Scott Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 3 0 / 2 0 1 0		
	Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613788		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Assoc. of Sacramento		Occupation Diagnostic Radiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

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: PAGE 93 / 125
(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. Hani Greiss

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 / 30 / 2010
Transaction ID: 35613789
Amount of Each Receipt this Period 300.00

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

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 / 30 / 2010
Transaction ID: 35613790
Amount of Each Receipt this Period 300.00

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

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 / 30 / 2010
Transaction ID: 35613791
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 94 / 125
(check only one)

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

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

A.

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

Mailing Address 1117 Teneighth Way

City State Zip Code
Sacramento CA 95818-4024

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

Name of Employer Self-Employed Occupation
Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35613792

Amount of Each Receipt this Period
252.00

B.

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

Mailing Address 2619 Mariella Dr

City State Zip Code
Rocklin CA 95765-5618

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

Name of Employer Radiological Assoc. of Sacramento Occupation
Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35613793

Amount of Each Receipt this Period
300.00

C.

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

Mailing Address 1747 E Wallington Ln

City State Zip Code
Fresno CA 93730-3596

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

Name of Employer Radiological Assoc. of Sacramento Occupation
Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 35613794

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: PAGE 95 / 125
(check only one)

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

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

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

A.

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

Mailing Address 100 Crane Meadow Ct

City State Zip Code
Roseville CA 95661-4030

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613797
Amount of Each Receipt this Period: 300.00

B.

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

Mailing Address 2201 Lassen Pl

City State Zip Code
Davis CA 95616-6604

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613798
Amount of Each Receipt this Period: 300.00

C.

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

Mailing Address 5436 Ridge Park Dr

City State Zip Code
Loomis CA 95650-7701

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613799
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 96 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dr. Miyuki Murphy

Mailing Address 5198 Prior Rdg

City State Zip Code
Granite Bay CA 95746-7186

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613800
Amount of Each Receipt this Period: 150.00

B.

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

Mailing Address Rad Assoc of Sacramento Med Grp
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer: Rad Assoc of Sacramento Med Gr
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613801
Amount of Each Receipt this Period: 300.00

C.

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

Mailing Address 3157 Oak Cliff Cir

City State Zip Code
Carmichael CA 95608-4571

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613832
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 97 / 125
(check only one)

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

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

A.

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

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City Sacramento State CA Zip Code 95815-4227

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613833

Amount of Each Receipt this Period 300.00

B.

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

Mailing Address 5300 Tufts St

City Davis State CA Zip Code 95616-7219

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613834

Amount of Each Receipt this Period 300.00

C.

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

Mailing Address 2806 Hoffman Bluff Way

City Carmichael State CA Zip Code 95608-4522

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

Name of Employer Radiological Assoc. of Sacramento Occupation Diagnostic Radiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010

Transaction ID: 35613835

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 98 / 125
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Dr. Christopher Simopoulos		Date of Receipt MM / DD / YYYY 06 / 30 / 2010	
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613836	
City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) Dr. Susan Sompayrac		Date of Receipt MM / DD / YYYY 06 / 30 / 2010	
Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613842	
City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc of Sacramento	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Dr. James Steidler		Date of Receipt MM / DD / YYYY 06 / 30 / 2010	
Mailing Address 1806 Vela Pl		Transaction ID: 35613843	
City Davis	State CA	Zip Code 95616-6760	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Radiological Assoc. of Sacramento	Occupation Diagnostic Radiologist	Aggregate Year-to-Date 600.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 99 / 125
(check only one)

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

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

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

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

Mailing Address 1501 Chalupa PI

City State Zip Code
Davis CA 95618-6757

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613844
Amount of Each Receipt this Period: 300.00

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

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613845
Amount of Each Receipt this Period: 150.00

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

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613847
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 100 / 125
(check only one)

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

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

A.

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

Mailing Address 3636 Washoe St

City State Zip Code
Davis CA 95616-5087

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35613848

Amount of Each Receipt this Period

300.00

B.

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

Mailing Address 918 Colby Dr

City State Zip Code
Davis CA 95616-1758

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

Name of Employer Radiological Assoc. of Sacramento
Occupation Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35613849

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)
Dr. Benjamin Franc

Mailing Address Radiological Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer University of California
Occupation Diagnostic Radiologist

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

Date of Receipt

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

Transaction ID: 35613850

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 101 / 125
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Richard W. Myers

Mailing Address 1500 Expo Parkway

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer: Radiological Associates of Sacramento
Occupation: Diagnostic Radiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613851
 Amount of Each Receipt this Period: 150.00

B. Full Name (Last, First, Middle Initial)
Dr. Sharon Dutton

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613854
 Amount of Each Receipt this Period: 300.00

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

Mailing Address Rad Assoc of Sacramento
1500 Expo Pkwy

City State Zip Code
Sacramento CA 95815-4227

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

Name of Employer: Radiological Assoc. of Sacramento
Occupation: Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613855
 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 102 / 125
(check only one)

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

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

A.

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

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City Sacramento State CA Zip Code 95816-5616

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

Name of Employer Radiological Assoc. of Sacramento Occupation Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613856
Amount of Each Receipt this Period: 150.00

B.

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

Mailing Address Radiological Assoc of Sacramento
2800 L St Ste 10

City Sacramento State CA Zip Code 95816-5616

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 ▼ 480.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613857
Amount of Each Receipt this Period: 240.00

C.

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

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 Radiation Oncologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 30 / 2010
Transaction ID: 35613858
Amount of Each Receipt this Period: 600.00

SUBTOTAL of Receipts This Page (optional) ► 990.00

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 103 / 125
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dr. David Linstadt		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address Radiation Oncology Centers 2 Medical Plaza Dr Ste 180		Transaction ID: 35613889		
	City Roseville	State CA	Zip Code 95661-3049	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiation Oncology Centers		Occupation Radiation Oncologist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00		

B.	Full Name (Last, First, Middle Initial) Dr. Mark Logsdon		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address Rad Associates of Sacramento 1500 Expo Pkwy		Transaction ID: 35613890		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 300.00	
	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 ▼ 600.00		

C.	Full Name (Last, First, Middle Initial) Dr. Anthony Pu		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address Radiological Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613891		
	City Sacramento	State CA	Zip Code 95815-4227	Amount of Each Receipt this Period 150.00	
	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 ▼ 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 104 / 125
(check only one)

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

A.

Full Name (Last, First, Middle Initial) Dr. Seth Rosenthal		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address Rad Assoc of Sacramento 1500 Expo Pkwy		Transaction ID: 35613892
City Sacramento	State Zip Code CA 95815-4227	
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	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Dr. Janice Ryu		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 2090 8th Ave		Transaction ID: 35613893
City Sacramento	State Zip Code CA 95818-4211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer	Occupation	Aggregate Year-to-Date 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) Dr. Harvey Wolkov		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address Radiation Oncology Center 2800 L St Ste 10		Transaction ID: 35613894
City Sacramento	State Zip Code CA 95816-5616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer Radiological Assoc. of Sacramento Med C	Occupation Radiation Oncologist	Aggregate Year-to-Date 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	101570.55

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

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

FOR LINE NUMBER:
(check only one)

PAGE 105 / 125

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

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

<p>A. Full Name (Last, First, Middle Initial) CAMPAC</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name CAMPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 34931340 Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Southwest Pennsylvania PAC (SWPA PAC)</p> <p>Mailing Address 499 S. Capitol St., S.W. Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Southwest Pennsylvania PAC (SWPA PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 34931341 Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Curd For Congress</p> <p>Mailing Address PO Box 2464</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Richard Curd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: SD District: 01</p>	<p>Transaction ID: 34967105 Date of Disbursement 06 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 3500.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

11500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 106 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee	Transaction ID: 34983278 Date of Disbursement 06 / 03 / 2010
	Mailing Address 215 Fourth Avenue Suite 200	Amount of Each Disbursement this Period 1000.00
	City Haddon Heights State NJ Zip Code 07076	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Robert Andrews	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress	Transaction ID: 34983329 Date of Disbursement 06 / 03 / 2010
	Mailing Address P.O. Box 490286	Amount of Each Disbursement this Period 2500.00
	City Chicago State IL Zip Code 60649	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jesse L. Jackson, Jr.	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee	Transaction ID: 34983330 Date of Disbursement 06 / 03 / 2010
	Mailing Address PO Box 3370	Amount of Each Disbursement this Period 1500.00
	City Palm Springs State CA Zip Code 92263	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Mary Bono Mack	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Cathy McMorris Rodgers For Congress

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Cathy McMorris Rodgers

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WA District: 05

Transaction ID: 34983331
Date of Disbursement

06 / 03 / 2010

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Committee for the Preservation of Capitalism (CPC)

Mailing Address PO Box 65314

City Washington State DC Zip Code 20036

Purpose of Disbursement

011
Category/
Type

Candidate Name
Committee for the Preservation of Capitalism (CPC)

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

Transaction ID: 35104790
Date of Disbursement

06 / 14 / 2010

Amount of Each Disbursement this Period

5000.00

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

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. Dean Heller

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

Transaction ID: 35104794
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 108 / 125

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

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

<p>A. Full Name (Last, First, Middle Initial) Bucshon For Congress</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Larry Bucshon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 08</p>	<p>Transaction ID: 35104837 Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 15</p>	<p>Transaction ID: 35104840 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kirk For Senate</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Mark Kirk</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:</p>	<p>Transaction ID: 35104843 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Castle Campaign Fund	Transaction ID: 35104883 Date of Disbursement
	Mailing Address PO Box 133	<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Mr. Michael Castle	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Madison PAC	Transaction ID: 35114874 Date of Disbursement
	Mailing Address 235 STATE STREET SUITE #206	<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City SPRINGFIELD State MA Zip Code 01103	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name The Madison PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Carolyn Mccarthy	Transaction ID: 35126386 Date of Disbursement
	Mailing Address 151 Linden Road	<input type="text" value="06"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Mineola State NY Zip Code 11501	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Rep. Carolyn McCarthy	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress	Transaction ID: 35126397 Date of Disbursement
	Mailing Address 22 West Padonia Road Suite C-141	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. C.A. Dutch Ruppensberger	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Dutch Ruppensberger For Congress	Transaction ID: 35126398 Date of Disbursement
	Mailing Address 22 West Padonia Road Suite C-141	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. C.A. Dutch Ruppensberger	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Thornberry For Congress Committee	Transaction ID: 35127156 Date of Disbursement
	Mailing Address P.O. Box 9392	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Amarillo State TX Zip Code 79105	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Mac Thornberry	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 011 Candidate Name Rep. David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 13	Transaction ID: 35127811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Henry A. Waxman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: 35127830 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>
C.	Full Name (Last, First, Middle Initial) Friends Of Dave Reichert <hr/> Mailing Address P. O. Box 53322 <hr/> City Bellevue State WA Zip Code 98015 <hr/> Purpose of Disbursement 011 Candidate Name Rep. David George Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 08	Transaction ID: 35127837 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">4000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Sheriff PAC	Transaction ID: 35127849 Date of Disbursement 06 / 30 / 2010
	Mailing Address 1115 Massachusetts Ave., N.W. Lower Level	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sheriff PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Upton For All Of Us	Transaction ID: 35127946 Date of Disbursement 06 / 30 / 2010
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 1500.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Frederick Stephen Upton	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) David Vitter For Us Senate	Transaction ID: 35129116 Date of Disbursement 06 / 17 / 2010
	Mailing Address PO Box 8175	Amount of Each Disbursement this Period 1500.00
	City Metairie State LA Zip Code 70011	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. David Vitter	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Louisiana Reform PAC <hr/> Mailing Address P.O. Box 1542 <hr/> City Shreveport State LA Zip Code 71165 <hr/> Purpose of Disbursement <hr/> Candidate Name Louisiana Reform PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35129117 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

B. Full Name (Last, First, Middle Initial) New Pioneers PAC <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name New Pioneers PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35166907 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

C. Full Name (Last, First, Middle Initial) Common Sense Common Solutions PAC <hr/> Mailing Address 901 N Washington St Suite 300 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Common Sense Common Solutions PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35167021 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:

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)

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

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

A.	Full Name (Last, First, Middle Initial) Majority Committee PAC		Transaction ID: 35168095	
	Mailing Address P.O. BOX 10134		Date of Disbursement 06 / 24 / 2010	
	City BAKERSFIELD	State CA	Zip Code 93389	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Majority Committee PAC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		
B.	Full Name (Last, First, Middle Initial) NEW PAC		Transaction ID: 35168258	
	Mailing Address P.O. BOX 7480		Date of Disbursement 06 / 24 / 2010	
	City VISALIA	State CA	Zip Code 93290	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name NEW PAC		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		
C.	Full Name (Last, First, Middle Initial) Voice for Freedom		Transaction ID: 35168332	
	Mailing Address 2451 Cumberland Parkway Suite 326		Date of Disbursement 06 / 24 / 2010	
	City Atlanta	State GA	Zip Code 30339	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement		011 Category/ Type	
Candidate Name Voice for Freedom		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Majority Initiative To Keep Electing Republicans F</p> <p>Mailing Address PO Box 65796</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Majority Initiative To Keep Electing Republicans F</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35168406 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	4		2	0	1	0													
5000.00																						
<p>B. Full Name (Last, First, Middle Initial) John S Fund</p> <p>Mailing Address PO Box 65796</p> <p>City Washington State DC Zip Code 20035</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name John S Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35168467 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	4		2	0	1	0													
2500.00																						
<p>C. Full Name (Last, First, Middle Initial) Acton PAC</p> <p>Mailing Address P.O. Box 442</p> <p>City Sharpsburg State GA Zip Code 30277</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Acton PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35168596 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	4		2	0	1	0													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td>10000.00</td></tr></table>	10000.00
10000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Kirk For Senate <hr/> Mailing Address P.O. Box 8 <hr/> City Winnetka State IL Zip Code 60093 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Mark Kirk <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 35170203 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Ryan Frazier For Colorado <hr/> Mailing Address PO Box 140182 <hr/> City Edgewater State CO Zip Code 80214 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Ryan Frazier <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07	Transaction ID: 35170222 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Martin Heinrich For Congress, Inc. <hr/> Mailing Address 2118 Central Avenue Se #71 <hr/> City Albuquerque State NM Zip Code 87106 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Martin Heinrich <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NM District: 01	Transaction ID: 35426834 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 3000.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Comeback PAC</p> <p>Mailing Address P.O. Box 40366</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Comeback PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35426885 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Victory Now PAC</p> <p>Mailing Address 10605 Concord Street Suite 202</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Victory Now PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35426912 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Silver State 21st Century PAC</p> <p>Mailing Address 3069 Conquista Ct.</p> <p>City Las Vegas State NV Zip Code 89121</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Silver State 21st Century PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 35426916 Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

<p>A. Full Name (Last, First, Middle Initial) Ryan Frazier For Colorado</p> <p>Mailing Address PO Box 140182</p> <p>City Edgewater State CO Zip Code 80214</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Ryan Frazier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 07</p>	<p>Transaction ID: 35426922 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Bill Posey</p> <p>Mailing Address P. O. Box 360877</p> <p>City Melbourne State FL Zip Code 32936</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Bill Posey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 15</p>	<p>Transaction ID: 35426926 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 20</p>	<p>Transaction ID: 35426929 Date of Disbursement 06 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I City West Chester State OH Zip Code 45069 Purpose of Disbursement Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35426930 Date of Disbursement 06 / 21 / 2010	
	Amount of Each Disbursement this Period 5000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Jo Bonner For Congress Committee Mailing Address P.O.Box 851232 City Mobile State AL Zip Code 36685 Purpose of Disbursement Candidate Name Rep. Josiah Robins Bonner, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440592 Date of Disbursement 06 / 22 / 2010
Amount of Each Disbursement this Period 2500.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010 Mailing Address 5915 Eastman Avenue Suite 100 City Midland State MI Zip Code 48640 Purpose of Disbursement Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35440593 Date of Disbursement 06 / 22 / 2010
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden	Transaction ID: 35440594 Date of Disbursement
	Mailing Address 18 N. Second St., Box 37 PO Box 37	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Saint Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Tim Holden	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Robin Smith For Tennessee	Transaction ID: 35440608 Date of Disbursement
	Mailing Address 6231 Perimeter Drive Suite 113	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Chattanooga State TN Zip Code 37421	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Robin Smith	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Diane Black For Congress	Transaction ID: 35440609 Date of Disbursement
	Mailing Address 819 Plantation Blvd	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Gallatin State TN Zip Code 37066	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Ms. Diane Black	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) 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 Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 35440628 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
B.	Full Name (Last, First, Middle Initial) Friends Of Glenn Nye Mailing Address PO Box 68444 City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement 011 Candidate Name Rep. Glenn C. Nye, III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02	Transaction ID: 35448776 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) 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 Candidate Name Mr. Patrick Meehan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 07	Transaction ID: 35448778 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2000.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8000.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei Mailing Address PO Box 74 City Syracuse State NY Zip Code 13214 Purpose of Disbursement Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35455644 Date of Disbursement 06 / 23 / 2010 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends Of Roy Blunt Mailing Address PO Box 50100 City Springfield State MO Zip Code 65805 Purpose of Disbursement Candidate Name Rep. Roy Blunt Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35456016 Date of Disbursement 06 / 24 / 2010 Amount of Each Disbursement this Period 5000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) John Sullivan For Congress Inc Mailing Address Post Office Box 470840 City Tulsa State OK Zip Code 74147 Purpose of Disbursement Candidate Name Rep. John Sullivan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35482404 Date of Disbursement 06 / 29 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/ Type

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

A.	Full Name (Last, First, Middle Initial) Heller For Congress Mailing Address PO Box 750580 City Las Vegas State NV Zip Code 89136 Purpose of Disbursement Candidate Name Mr. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35491064 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis Mailing Address 5956 W. Race Avenue City Chicago State IL Zip Code 60644 Purpose of Disbursement Candidate Name Rep. Danny K. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35491133 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Mary Bono Mack Committee Mailing Address PO Box 3370 City Palm Springs State CA Zip Code 92263 Purpose of Disbursement Candidate Name Rep. Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 35491134 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 1 0 Amount of Each Disbursement this Period 2500.00 011 Category/ Type

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)

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

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

A.	Full Name (Last, First, Middle Initial) Lee Terry For Congress	Transaction ID: 35491142 Date of Disbursement
	Mailing Address PO Box 540098	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Omaha State NE Zip Code 68154	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Lee Terry	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Steve Israel For Congress Committee	Transaction ID: 35491149 Date of Disbursement
	Mailing Address PO Box 777	<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Deer Park State NY Zip Code 11729	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. Steve J. Israel	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Andy Harris For Congress	Transaction ID: 35602479 Date of Disbursement
	Mailing Address PO Box 1527	<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Annapolis State MD Zip Code 21404	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name Mr. Andrew Harris	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="10000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="166000.00"/>

**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)

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

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NAME OF COMMITTEE (In Full)

American College of Radiology Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address P.O. Box 27025

City
Richmond

State
VA

Zip Code
23261-7025

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 35669869

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Bank Fees

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)