

**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 Purpose of Disbursement <hr/> Candidate Name Louisiana Reform PAC 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: 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) ▼
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 Purpose of Disbursement <hr/> Candidate Name New Pioneers PAC 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: 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) ▼
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 Purpose of Disbursement <hr/> Candidate Name Common Sense Common Solutions PAC 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: 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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