03/22/2002 10 : 26

**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

Radiology Advocacy Alliance Political Action Committee

ADDRESS (number and street) ▼ 1891 Preston White Drive

Check if different than previously reported. (ACC)

Reston | VA | 20191 – 4397

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00343459

3. IS THIS REPORT — NEW (N) **OR** X 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) | X Sep 20 (M9) | Dec 20 (M12) (Non-Election Year Only) |
| Apr 20 (M4) | Jul 20 (M7) | Oct 20 (M10) | Jan 31 (M13) |

(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 **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 0 8 0 1 2 0 0 1 through 0 8 3 1 2 0 0 1

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 Arl Van Moore, M.D.

Signature of Treasurer Electronically Filed by Arl Van Moore, M.D. Date 0 3 2 2 2 0 0 2

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** (Revised 1/2001) |
|---|---|---|---|

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)



Write or Type Committee Name
Radiology Advocacy Alliance Political Action Committee

Report Covering the Period: From: 08 01 2001 To: 08 31 2001

| | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1 2001 | | 213046.74 |
| (b) Cash on Hand at Begining of Reporting Period ..... | 231681.92 | |
| (c) Total Receipts (from Line 19) ..... | 9287.03 | 105453.57 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) ..... | 240968.95 | 318500.31 |
| 7. Total Disbursements (from Line 30) ..... | 3104.21 | 78806.33 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ..... | 237864.74 | 239693.98 |
| 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 | |

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

**For further information contact:**

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

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

# DETAILED SUMMARY PAGE
OF RECEIPTS

FEC Form 3X (Revised 1/2001)



Write or Type Committee Name

Radiology Advocacy Alliance Political Action Committee

Report Covering the Period: From: 08 01 2001 To: 08 31 2001

| 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) ..... | 1200.00 | |
| (ii) Unitemized ..... | 7404.00 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ▶ | 8604.00 | 98862.78 |
| (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 32, page 4) ..... ▶ | 8604.00 | 98862.78 |
| 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 36, page 4) ..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees ..... | 0.00 | 0.00 |
| 17. Other Federal Receipts Dividends, Interest, etc.) ..... | 683.03 | 6590.79 |
| 18. Transfers from Nonfederal Account for Joint Activity ..... | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ..... ▶ | 9287.03 | 105453.57 |
| 20. Total Federal Receipts (subtract Line 16 from Line 19) ..... ▶ | 9287.03 | 105453.57 |

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)



| 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 | 3689.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶ | 0.00 | 3689.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 3000.00 | 72000.00 |
| 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 | 1000.00 |
| (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 | 1000.00 |
| 29. Other Disbursements | 104.21 | 2117.33 |
| 30. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶ | 3104.21 | 78806.33 |
| 31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶ | 3104.21 | 78806.33 |
| **III. Net Contributions/Operating Expenditures** | | |
| 32. Total Contributions (other than loans) from Line 11(d), page 3) | 8604.00 | 98862.76 |
| 33. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1000.00 |
| 34. Net Contributions (other than loans) (subtract Line 33 from Line 32) | 8604.00 | 97862.76 |
| 35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 0.00 | 3689.00 |
| 36. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶ | 0.00 | 3689.00 |

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

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

FOR LINE NUMBER: (check only one) PAGE 5 / 9

[X] 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)
Radiology Advocacy Alliance Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Dr. James H Chapman
Mailing Address
9218 W 113 St
City: Overland Park State: KS Zip Code: 66210-1731
FEC ID number of contributing federal political committee.
Name of Employer: Univ. of Missouri/Truman Med Ctr
Occupation: Diagnostic Radiologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 08 15 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: 3054024

**B.**
Full Name (Last, First, Middle Initial)
Dr Jerome J Gehl
Mailing Address
33 Edgehill Rd
City: Little Rock State: AR Zip Code: 72207-5461
FEC ID number of contributing federal political committee.
Name of Employer: Northwestern Memorial Hospital
Occupation: Diagnostic Radiologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 08 16 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: 3052327

**C.**
Full Name (Last, First, Middle Initial)
Dr. Ralph M Colburn, Jr
Mailing Address
Madison Radiologists SC PO Box 44428
City: Madison State: WI Zip Code: 53744-4428
FEC ID number of contributing federal political committee.
Name of Employer: Madison Radiologists SC
Occupation: Diagnostic Radiologist
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 08 21 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: 3057845

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

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

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

FOR LINE NUMBER: (check only one) PAGE 6 / 9

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Radiology Advocacy Alliance Political Action Committee

**A.**
Full Name (Last, First, Middle Initial): Dr. Gregory C Kamaze
Mailing Address: PO Box 5749
City: Austin State: TX Zip Code: 78763-5749
FEC ID number of contributing federal political committee.
Name of Employer: PO Box 4099
Occupation: Diagnostic Radiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 24 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: 4220153

**B.**
Full Name (Last, First, Middle Initial): Dr. Kim D Burroughs
Mailing Address: 5420 N Camino Real
City: Tucson State: AZ Zip Code: 85718-5033
FEC ID number of contributing federal political committee.
Name of Employer: Radiology LTD
Occupation: Diagnostic Radiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 800.00
Date of Receipt: 08 25 2001
Amount of Each Receipt this Period: 100.00
Transaction ID: 3054029

**C.**
Full Name (Last, First, Middle Initial): Dr. Richard E McWhorter
Mailing Address: PO Box 910
City: Huntington State: WV Zip Code: 25712-0910
FEC ID number of contributing federal political committee.
Name of Employer: Radiology Inc.
Occupation: Diagnostic Radiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 08 25 2001
Amount of Each Receipt this Period: 50.00
Transaction ID: 3054133

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **1200.00**

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

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

FOR LINE NUMBER: (check only one) PAGE 7 / 9

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

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NAME OF COMMITTEE (In Full)
Radiology Advocacy Alliance Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Vanguard Group

Mailing Address
PO Box 7800

City: Philadelpha
State: PA
Zip Code: 19101

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For:
Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼
6590.79

Date of Receipt
08 30 2001

Amount of Each Receipt this Period
683.03

Dividend Interest

Transaction ID: 4724962

B.

C.

| | |
|---|---|
| **SUBTOTAL** of Receipts This Page (optional) ..... ▶ | 683.03 |
| **TOTAL** This Period (last page this line number only) ..... ▶ | 683.03 |

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29



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NAME OF COMMITTEE (In Full)
Radiology Advocacy Alliance Political Action Committee

**A.**
Full Name (Last, First, Middle Initial)
Sue Myrick For Congress

Mailing Address
PO Box 37091
City: Charlotte State: NC Zip Code: 28237

Purpose of Disbursement
YTD:$2,000.00

Candidate Name
Congresswoman Sue Myrick

Category/Type: 011

Office Sought: X House / Senate / President
State: NC District: 9

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 4862108

**B.**
Full Name (Last, First, Middle Initial)
Reed Committee

Mailing Address
PO Box 8628
City: Cranston State: RI Zip Code: 02920

Purpose of Disbursement
YTD:$1,000.00

Candidate Name
Sen. Jack Reed

Category/Type: 011

Office Sought: House / X Senate / President
State: RI District: 1

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 01 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 4862107

**C.**
Full Name (Last, First, Middle Initial)
Wally Herger For Congress Committee

Mailing Address
PO Box 1500
City: Chico State: CA Zip Code: 95927

Purpose of Disbursement
YTD:$1,000.00

Candidate Name
Rep. Wally Herger

Category/Type: 011

Office Sought: X House / Senate / President
State: CA District: 2

Disbursement For: 2002
X Primary / General / Other (specify)

Date of Disbursement: 08 / 02 / 2001

Amount of Each Disbursement this Period: 1000.00

Transaction ID: 4862067

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **3000.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **3000.00**

# 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)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29



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NAME OF COMMITTEE (In Full)
Radiology Advocacy Alliance Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address
PO Box 27025

City: Richmond
State: VA
Zip Code: 23261

Purpose of Disbursement
credit card processing fees

Candidate Name

Office Sought: House / Senate / President
State: District: 0

Disbursement For: Primary / General / Other (specify)

Category/Type: OD1

Date of Disbursement
08 30 2001

Amount of Each Disbursement this Period
104.21

credit card processing fe-
es

Transaction ID: 4725D18

**B.**

**C.**

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) ..... ▶ | **104.21** |
| **TOTAL** This Period (last page this line number only) ..... ▶ | **104.21** |