10/15/2004 16 : 13

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

American College of Radiology Association

ADDRESS (number and street) 1891 Preston White Drive

(Check if address is changed)

Reston | VA | 20191 - 4397

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

heatherk@acr.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-262-9312

2. DATE M M D D Y Y Y Y 10 15 2004

3. **FEC IDENTIFICATION NUMBER** **C C00343459**

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Milton Guiberteau, M.D.

Signature of Treasurer Electronically Filed by Milton Guiberteau, M.D. Date M M D D Y Y Y Y 10 15 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican,etc.) Party.

(e) X This committee is a separate segregated fund

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

American College of Radiology Association

Mailing Address 1891 Preston White Drive

Reston VA 20191 -

CITY STATE ZIP CODE

Relationship sponsored organization

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

X Membership Organization Trade Association Cooperative

Write or Type Committee Name

American College of Radiology Association

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – – –

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Milton Guiberteau, M.D.

Mailing Address: 1000 Uptown Park Blvd #253

Houston TX 77056 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer, Radiologi

Telephone number 713 – 757 – 7467

Full Name of Designated Agent: Lisa Parker Gates

Mailing Address: JB Corporation Services

One IBM Plaza

Chicago IL 60611 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 0 – – –

9. **Banks** or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Form/Schedule: F1A Radiology Advocacy Alliance changes its name to American College of Radiology Association.
Transaction ID: