06/10/2003 08 : 42

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) X (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

hengde@acr.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-262-9312

2. DATE M 05 D 27 Y 2003

3. **FEC IDENTIFICATION NUMBER** C C00343459

4. IS THIS STATEMENT X NEW (N) OR 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 Arl Van Moore, M.D.

Signature of Treasurer Electronically Filed by Arl Van Moore, M.D. Date M 06 D 09 Y 2003

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 202-694-110

FEC FORM 1
(Revised 02/2003)