

**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 4357

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00343459 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 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 (M13)
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 Election on _____ in the State of _____
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on _____ in the State of _____

5. Covering Period 04 01 2001 through 04 30 2001

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 Art Van Moore, M.D.

Signature of Treasurer Electronically Filed by Art Van Moore, M.D. Date 05 18 2001

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
Radiology Advocacy Alliance Political Action Committee

Report Covering the Period: From: ^h04 ^d01 ^y2001 To: ^h04 ^d30 ^y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2001		213046.74
(b) Cash on Hand at Beginning of Reporting Period	235595.20	
(c) Total Receipts (from Line 19)	23244.29	62787.04
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	258839.49	275833.78
7. Total Disbursements (from Line 30)	18310.03	35304.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240529.46	240529.46
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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

Radiology Advocacy Alliance Political Action Committee

Report Covering the Period: From: ^{MM}04 ^{DD}01 ^{YYYY}2001 To: ^{MM}04 ^{DD}30 ^{YYYY}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)	8825.00	
(ii) Unitemized	13582.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22407.00	59233.00
(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)	22407.00	59233.00
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.)	837.29	3554.04
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)	23244.29	62787.04
20. Total Federal Receipts (subtract Line 18 from Line 19)	23244.29	62787.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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	4286.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶		0.00	4286.72
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		17000.00	29500.00
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.....		1000.00	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))..... ▶		1000.00	1000.00
29. Other Disbursements.....		310.03	517.60
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶		18310.03	35304.32
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶		18310.03	35304.32
<hr/>			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) from Line 11(d), page 3).....		22407.00	59233.00
33. Total Contribution Refunds (from Line 28(d)).....		1000.00	1000.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....		21407.00	58233.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶		0.00	4286.72
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	4286.72

**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 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. M.D. Bruce P Bordlee

Mailing Address
1301 W Dumbarton Dr
City State Zip Code
Lake Charles LA 70606-2558

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist
Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/02/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046177

Full Name (Last, First, Middle Initial)
B. M.D. Richard Maidinger

Mailing Address
1 Medical Park West Bldg 823 Mulvana
City State Zip Code
Topeka KS 66606-1679

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Diagnostic Radiologi
Occupation
Diagnostic Radiologi

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/02/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046054

Full Name (Last, First, Middle Initial)
C. M.D. Robert L Seibel

Mailing Address
5775 Foothill Ranch Road
City State Zip Code
Santa Rosa CA 95404-1260

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist
Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/02/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1045980

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 21

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

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NAME OF COMMITTEE (In Full)

Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)

A. M.D. But T Weyhing

Mailing Address

158 Kenwood Rd

City

State

Zip Code

Grosse Pointe

MI

48236-3522

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Physician

Occupation
Physician

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date Receipt Import On 04/02/2001

250.00

Transaction ID: 1045862

Full Name (Last, First, Middle Initial)

B. M.D. Jonathan J Yobbage

Mailing Address

5249 Spring Meadow Lane

City

State

Zip Code

Sylvania

OH

43560-1319

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 2 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Physician

Occupation
Physician

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date Receipt Import On 04/02/2001

250.00

Transaction ID: 1046142

Full Name (Last, First, Middle Initial)

C. M.D. Daniel W Cotten

Mailing Address

908 Harbour Pointe Way

City

State

Zip Code

Knoxville

TN

37922-4153

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 0 3 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Vista Radiology

Occupation

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1121270

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 21	
	<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)
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)
A. M.D. David Abramowitz

Mailing Address
12 Stony Point Rd
City Charleston State WV Zip Code 25314-1670

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Radiologist Occupation Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/04/2001
Primary General
Other (specify) ▼ 500.00

Transaction ID: 1046248

Full Name (Last, First, Middle Initial)
B. M.D. Tim S Caldwell

Mailing Address
Radiology Consultants of OK PD Box 4875
City Tulsa State OK Zip Code 74159

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer Physician Occupation Physician

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/04/2001
Primary General
Other (specify) ▼ 500.00

Transaction ID: 1046D15

Full Name (Last, First, Middle Initial)
C. M.D. Randolph J Krille

Mailing Address
13400 Ponderosa Way
City Fort Myers State FL Zip Code 33907-7853

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Physician Occupation Physician

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/04/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046244

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 21	
	<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)
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)
A. M.D. Timothy E Moore

Mailing Address
Univ of Nebraska Medical Ctr 600 South 42nd Street
City State Zip Code
Omaha NE 68198-1045

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
150.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist
Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/04/2001
Primary General
Other (specify) ▼ 350.00

Transaction ID: 1046248

Full Name (Last, First, Middle Initial)
B. M.D. Aise Anxii Anxi Vanoyan

Mailing Address
308 S Franklin
City State Zip Code
Denver CO 80209

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist
Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/04/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046249

Full Name (Last, First, Middle Initial)
C. Jr., M.D. John P Booker

Mailing Address
PO Box 308
City State Zip Code
Hickory NC 28605

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist
Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/05/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046257

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

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 9 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. M.D. Robert Scott Israel

Mailing Address
3710 SW Hillside Dr

City State Zip Code
Portland OR 97221-4106

Date of Receipt
M M / D D / Y Y Y Y
04 / 05 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist

Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/05/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046110

Full Name (Last, First, Middle Initial)
B. M.D. Laura C Knight

Mailing Address
526 Tara Ln

City State Zip Code
Wichita KS 67206-1828

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist

Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/06/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046263

Full Name (Last, First, Middle Initial)
C. M.D. Charles Corwin Muly

Mailing Address
St John's Health Care Corp

City State Zip Code
Anderson IN 46016-5904

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiologist

Occupation
Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/06/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046105

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. M.D. Timothy H Seline

Mailing Address
La Salle Clinic W6243 Fire Lane 9
City State Zip Code
Menasha WI 54952

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Radiologist Occupation Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/06/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046009

Full Name (Last, First, Middle Initial)
B. M.D. Michael Owen Dufaney

Mailing Address
Wayne General Hospital 224 Hamburg Turnpike
City State Zip Code
Wayne NJ 07470-2011

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Radiologist Occupation Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/06/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046285

Full Name (Last, First, Middle Initial)
C. Linda S Head

Mailing Address
807 Ivy Ct
City State Zip Code
Bellevue NE 68005-4718

Date of Receipt
M M / D D / Y Y Y Y
04 / 06 / 2001

Amount of Each Receipt this Period
200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 9 Aggregate Year-to-Date
Primary General
Other (specify) ▼ 400.00

Transaction ID: 1046284

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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:
(check only one)

PAGE 11 / 21

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

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NAME OF COMMITTEE (In Full)

Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)

A. M.D. J. B Hauser

Mailing Address

5318 Black Bear Ln

City

State

Zip Code

Roanoke

VA

24014

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Radiologist

Occupation

Radiologist

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date Receipt Import On 04/20/2001

250.00

Transaction ID: 1045848

Full Name (Last, First, Middle Initial)

B. M.D. Michael S Metzman

Mailing Address

28 White Bridge Road Ste 111

City

State

Zip Code

Nashville

TN

37205

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Physician

Occupation

Physician

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date Receipt Import On 04/20/2001

250.00

Transaction ID: 1046035

Full Name (Last, First, Middle Initial)

C. M.D. Thomas F Pugh

Mailing Address

3547 Lakeshore Dr

City

State

Zip Code

Kingsport

TN

37663-3372

Date of Receipt

N M / D E / Y Y Y Y
0 4 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Radiologist

Occupation

Radiologist

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date Receipt Import On 04/20/2001

250.00

Transaction ID: 1046267

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 21	
	<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)
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)
A. M.D. James M Tallman

Mailing Address
1054 Greymont Ct
City: Marietta State: GA Zip Code: 30064-1330

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Physician Occupation: Physician

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/20/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046D03

Full Name (Last, First, Middle Initial)
B. M.D. Leonard Scott Poirier

Mailing Address
1216 Sam Lions Trail
City: Martinsville State: VA Zip Code: 24112-6010

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiologist Occupation: Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/20/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046D05

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

Mailing Address
72 St Stephens School Road
City: Austin State: TX Zip Code: 78746

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 1

Amount of Each Receipt this Period
0.00

FEC ID number of contributing federal political committee.

Name of Employer: Austin Radiological Association Occupation: [MEMO ITEM]

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/20/2001
Primary General
Other (specify) ▼

M.D. Joshua G Abramowitz Has Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to 1000.00

Transaction ID: 1127D62

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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: PAGE 13 / 21

(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Kim D D Burroughs

Mailing Address

5420 N Camino Real

City

Tucson

State

AZ

Zip Code

85718-5033

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period

100.00

FEC ID number of contributing
federal political committee.

Name of Employer

Occupation

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Transaction ID: 1047221

Full Name (Last, First, Middle Initial)

B. M.D. Richard L Kandal

Mailing Address

3205 Riverbend Drive NE

City

Cedar Rapids

State

IA

Zip Code

52411-7437

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period

250.00

FEC ID number of contributing
federal political committee.

Name of Employer

Radiologist

Occupation

Radiologist

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Receipt Import On 03/25/2001

Transaction ID: 1045994

Full Name (Last, First, Middle Initial)

C. M.D. Steven A Ebner

Mailing Address

#2 Dove Place

City

Wyoming

State

DE

Zip Code

19034

Date of Receipt

M M / D D / Y Y Y Y
04 / 25 / 2001

Amount of Each Receipt this Period

125.00

FEC ID number of contributing
federal political committee.

Name of Employer

Physician

Occupation

Physician

Receipt For:

9

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 1047745

SUBTOTAL of Receipts This Page (optional) ▶ 475.00

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 14 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. M.D. Daniel S Levy

Mailing Address
728 Charnwood Drive
City: Wyckoff NJ Zip Code: 07481-1012

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiologist Occupation: Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General Other (specify) ▼ 250.00

Transaction ID: 1046277

Full Name (Last, First, Middle Initial)
B. M.D. Bruce R Nixon

Mailing Address
Medical Group Inc 2000 Mowry Avenue
City: Fremont CA Zip Code: 94538

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiologist Occupation: Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General Other (specify) ▼ 250.00

Transaction ID: 1046184

Full Name (Last, First, Middle Initial)
C. M.D. Lawrence J Reif

Mailing Address
4250 Wildemess Drive
City: Racine WI Zip Code: 53403-4418

Date of Receipt
M M / D D / Y Y Y Y
04 / 26 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiologist Occupation: Radiologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General Other (specify) ▼ 250.00

Transaction ID: 1046140

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<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)
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)
A. M.D. Daniel A Dessner

Mailing Address
4535 River Rd
City: Toledo State: OH Zip Code: 43614

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Physician Occupation: Physician

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046082

Full Name (Last, First, Middle Initial)
B. M.D. Cassandr Sue Foers

Mailing Address
Covenant Cancer Treatment Ctr 200 E Ridgeway Ave
City: Waterloo State: IA Zip Code: 50702-5040

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
1000.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiation Oncologist Occupation: Radiation Oncologist

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 1046017

Full Name (Last, First, Middle Initial)
C. M.D. Elizabet L Kuhlec

Mailing Address
352 Westbank Road
City: Glenwood Spri State: CO Zip Code: 81801-5381

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 0 1

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Physician Occupation: Physician

Receipt For: 9 Aggregate Year-to-Date Receipt Import On 04/26/2001
Primary General
Other (specify) ▼ 250.00

Transaction ID: 1046167

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	8825.00

**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 16 / 21
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input checked="" type="checkbox"/> 17

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

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

Mailing Address
PO Box 780D

City State Zip Code
Philadelphia PA 19101

Date of Receipt
M / D / Y Y Y Y
04 / 30 / 2001

Amount of Each Receipt this Period
837.29

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 9 Aggregate Year-to-Date ▼
Primary General 3554.04
Other (specify) ▼

Transaction ID: 1121278

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	837.29
TOTAL This Period (last page this line number only)	▶	837.29

**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 17 / 21

<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				

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

Full Name (Last, First, Middle Initial) A. Friends Of Max Baucus 2002		Date of Disbursement 04 / 01 / 2001
Mailing Address PO Box 586 City: Helena State: MT Zip Code: 59624		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	Candidate Name Senator Max Baucus	24K Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: MT District: 1	Transaction ID: 1034859

Full Name (Last, First, Middle Initial) B. Friends Of Sherrrod Brown		Date of Disbursement 04 / 01 / 2001
Mailing Address 807 14th Street Nw Suite 800 City: Washington State: DC Zip Code: 20006		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	Candidate Name Congressman Sherrrod Brown	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: OH District: 13	Transaction ID: 1034861

Full Name (Last, First, Middle Initial) C. Collins For Senator		Date of Disbursement 04 / 01 / 2001
Mailing Address PO Box 1096 City: Bangor State: ME Zip Code: 04402		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	Candidate Name Senator Susan Collins	24K Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President		
Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	State: ME District: 2	Transaction ID: 1034879

SUBTOTAL of Receipts This Page (optional)	3000.00
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 18 / 21

<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				

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

Full Name (Last, First, Middle Initial) A. Craig For U S Senate		Date of Disbursement 04 / 01 / 2001
Mailing Address PO Box 2754 City State Zip Code Boise ID 83701		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	24K Category/ Type	Transaction ID: 1034880
Candidate Name Senator Larry Craig		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
State: ID District: 1		

Full Name (Last, First, Middle Initial) B. Ehrlich For Congress Committee		Date of Disbursement 04 / 01 / 2001
Mailing Address 1301 York Rd Suite 705 City State Zip Code Lutherville MD 21088		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	24K Category/ Type	Transaction ID: 1034882
Candidate Name Congressman Robert Ehrlich, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: MD District: 2		

Full Name (Last, First, Middle Initial) C. Friends Of Clay Shaw		Date of Disbursement 04 / 01 / 2001
Mailing Address 2800 N E 14th Street Causeway City State Zip Code Pompano Beach FL 33062		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1000	24K Category/ Type	Transaction ID: 1034884
Candidate Name Congressman E. Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	
State: FL District: 22		

SUBTOTAL of Receipts This Page (optional)	3000.00
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 19 / 21

<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

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

Full Name (Last, First, Middle Initial) A. Pete Stark Re-Election Committee		Date of Disbursement 04 / 01 / 2001	
Mailing Address PO Box 8331 City: Fremont State: CA Zip Code: 94537		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD: \$1000		24K Category/ Type	
Candidate Name Congressman Fortney Stark			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: CA District: 13	Transaction ID: 1034885		

Full Name (Last, First, Middle Initial) B. Democratic National Committee (DNC)		Date of Disbursement 04 / 01 / 2001	
Mailing Address 430 South Capital Street SE City: Washington State: DC Zip Code: 20003		Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement YTD: \$0		24K Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: District: 0	Transaction ID: 1034887		

C.

SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	17000.00

**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)

PAGE 20 / 21

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. M.D. Joshua G Abramowitz			Date of Disbursement 04 / 20 / 2001	
Mailing Address 72 St Stephens School Road City State Zip Code Austin TX 78748			Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement Refund		22Y Category/ Type	Refund	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 1047532	
State: District: 0				

Full Name (Last, First, Middle Initial) B. M.D. Joshua G Abramowitz			Date of Disbursement 04 / 24 / 2001	
Mailing Address 72 St Stephens School Road City State Zip Code Austin TX 78748			Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Refund		22Y Category/ Type	Refund	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: 1047643	
State: District: 0				

C.

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	1000.00

**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)

PAGE 21 / 21

<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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address

PO Box 27025

City

Richmond

State

VA

Zip Code

23261

Purpose of Disbursement

credit card processing fees

Candidate Name

Category/
Type

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

04 / 30 / 2001

Amount of Each Disbursement this Period

310.03

credit card processing fees

Transaction ID: 1121310

B.

C.

SUBTOTAL of Receipts This Page (optional) ▶ **310.03**

TOTAL This Period (last page this line number only) ▶ **310.03**