

**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)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	<input checked="" type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
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 11 01 2001 through 11 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 12 17 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: ^W11 ^D01 ^Y2001 To: ^W11 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^W ^Y 2001		213046.74
(b) Cash on Hand at Beginning of Reporting Period	325952.02	
(c) Total Receipts (from Line 19)	13480.79	224306.89
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	339432.81	437353.63
7. Total Disbursements (from Line 30)	7210.60	105031.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	332222.21	332322.21
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}11 ^{DD}01 ^{YYYY}2001 To: ^{MM}11 ^{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)	7792.00	
(ii) Unitemized	5100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12892.00	216715.78
(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)	12892.00	216715.78
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.)	588.79	7591.11
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)	13480.79	224306.89
20. Total Federal Receipts (subtract Line 18 from Line 19)	13480.79	224306.89

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	4821.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	4821.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	95500.00
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.....	210.60	3710.03
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7210.60	105031.42
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7210.60	105031.42
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12892.00	216715.78
33. Total Contribution Refunds (from Line 28(d)).....	0.00	1000.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12892.00	215715.78
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	4821.39
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	4821.39

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

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

FOR LINE NUMBER: PAGE 5 / 17

(check only one)

<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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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. Thomas F Pugh, Jr

Mailing Address
3547 Lakeshore Dr

City State Zip Code
Kingsport TN 37663-3372

Date of Receipt
N M / D E / Y Y Y Y
11 02 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Blue Ridge Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 5177674

B. Full Name (Last, First, Middle Initial)
Zubin H Balsara

Mailing Address
PO Box 3887

City State Zip Code
Fort Smith AR 72913-3887

Date of Receipt
N M / D E / Y Y Y Y
11 08 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Radiologists P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5203625

C. Full Name (Last, First, Middle Initial)
Dr. George A Binder

Mailing Address
401 Lakeshore Dr

City State Zip Code
Fayetteville NC 28305-5210

Date of Receipt
N M / D E / Y Y Y Y
11 08 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Carolina Regional Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5203623

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 / 17	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Carl J Zylak

Mailing Address
3B Pointe Park Pl

City State Zip Code
Grosse Pointe Park MI 48230-1381

Date of Receipt
N M / D E / Y Y Y Y
11 08 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Henry Ford Health System Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: 5203628

B. Full Name (Last, First, Middle Initial)
Dr. Malcolm K Hatfield

Mailing Address
6837 Brook

City State Zip Code
Franksville WI 53126-9433

Date of Receipt
N M / D E / Y Y Y Y
11 08 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Racine Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: 5225114

C. Full Name (Last, First, Middle Initial)
Dr Paul A Larson

Mailing Address
110 Stoney Beach Rd

City State Zip Code
Oshkosh WI 54902-7243

Date of Receipt
N M / D E / Y Y Y Y
11 08 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Radiology Associates of Fox Valley Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: 5225116

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 / 17	
	<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

A. Full Name (Last, First, Middle Initial)
Michael A SanDrea

Mailing Address
531 E Peckham Rd

City State Zip Code
Neenah WI 54956-4219

Date of Receipt
N M / D E / Y Y Y Y
11 09 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer
Radiology Associates of Fox Valley

Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: 5225121

B. Full Name (Last, First, Middle Initial)
Dr. James H Chapman

Mailing Address
8218 W 113 St

City State Zip Code
Overland Park KS 66210-1731

Date of Receipt
N M / D E / Y Y Y Y
11 15 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
U of Missouri/Truman Med Ctr

Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 5310955

C. Full Name (Last, First, Middle Initial)
Dr. Timothy P Farrell

Mailing Address
25 West Wind Dr

City State Zip Code
Lemoyne PA 17043-1234

Date of Receipt
N M / D E / Y Y Y Y
11 15 2001

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer
Quantum Imaging & Therapeutic Associst

Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 500.00

Transaction ID: 5226264

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 8 / 17

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. Peggy J Fritzsche

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2001

Mailing Address
Riverside MRI 10111 Hole Ave
City State Zip Code
Riverside CA 92503-3441

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Rad Society of North America Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5227091

B. Full Name (Last, First, Middle Initial)
Dr. Philip N Massey

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2001

Mailing Address
14983 Gold Post Ct
City State Zip Code
Centreville VA 20121-2148

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation
Warren Memorial Hospital Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5227092

C. Full Name (Last, First, Middle Initial)
Mitchel M Kim

Date of Receipt
M M / D D / Y Y Y Y
11 / 15 / 2001

Mailing Address
8641 N Point Dr
City State Zip Code
Fox Point WI 53217-2358

Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation
WRS, S.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 5227086

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

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 / 17	
	<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. William D Sharpe

Mailing Address
1340 E Woodhurst Ste B
City: Springfield
State: MO
Zip Code: 65804-4281

Date of Receipt
M / D / Y
11 / 15 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer: Self
Occupation: Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
350.00

Transaction ID: 5310954

Full Name (Last, First, Middle Initial)
B. Dr. Christopher Gulich

Mailing Address
Charlotte Radiology PA
City: Charlotte
State: NC
Zip Code: 28236-6937

Date of Receipt
M / D / Y
11 / 17 / 2001

Amount of Each Receipt this Period
42.00

FEC ID number of contributing federal political committee.

Name of Employer: Charlotte Radiology PA
Occupation: Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
294.00

Transaction ID: 5310958

Full Name (Last, First, Middle Initial)
C. Eli D Finkelstein

Mailing Address
Elizabeth General Med Center
City: Elizabeth
State: NJ
Zip Code: 07201

Date of Receipt
M / D / Y
11 / 20 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Self-employed
Occupation: Radiation Oncologist

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼
250.00

Transaction ID: 5292784

SUBTOTAL of Receipts This Page (optional) ▶ **342.00**

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 10 / 17

(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

A. Full Name (Last, First, Middle Initial)
Dr. Lynn S Broderick

Mailing Address
7710 Walton Dr

City State Zip Code
Madison WI 53719-3026

Date of Receipt
M M / D D / Y Y Y Y
11 / 20 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Indiana University Med Center Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5292783

B. Full Name (Last, First, Middle Initial)
Dr. Kim D Burroughs

Mailing Address
5420 N Camino Real

City State Zip Code
Tucson AZ 85718-5033

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2001

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Radiology LTD Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1100.00

Transaction ID: 5310958

C. Full Name (Last, First, Middle Initial)
Dr. Richard E McWhorter

Mailing Address
PO Box 910

City State Zip Code
Huntington WV 25712-0910

Date of Receipt
M M / D D / Y Y Y Y
11 / 25 / 2001

Amount of Each Receipt this Period
50.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Radiology Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Transaction ID: 5310957

SUBTOTAL of Receipts This Page (optional) ▶ **400.00**

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 11 / 17

(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. Joseph DeLaurentis

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 27 2001

4 Shawnee Drive

City State Zip Code

Wenonah NJ 08090-1959

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Self-employed Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 5293349

Full Name (Last, First, Middle Initial)

B. Dr. Chris L Paleckas

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 27 2001

2389 Cherrywood Road

City State Zip Code

Minnetonka MN 55305-2314

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Self-employed Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 5292794

Full Name (Last, First, Middle Initial)

C. Dr. Craig J Youner

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y
11 27 2001

144 Woodhill Ln

City State Zip Code

Manhasset NY 11030-1717

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Self-employed Occupation
Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 5292796

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 / 17	
	<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

A. Full Name (Last, First, Middle Initial)
Dr. Robert M Allen

Mailing Address
10802 Tradewind Ct

City State Zip Code
Oakton VA 22124-1800

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Fairfax Hospital Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5310842

B. Full Name (Last, First, Middle Initial)
Dr. Michael J Donley

Mailing Address
1460 NE Medical Center Dr

City State Zip Code
Bend OR 97701-6078

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Central OR Radiology Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 350.00

Transaction ID: 5310848

C. Full Name (Last, First, Middle Initial)
Dr. Ronald G Evers

Mailing Address
Barnes-Jewish Hosp MS 90-71-311 1 Barnes-Jewish Hosp Plz

City State Zip Code
Saint Louis MO 63110-1003

Date of Receipt
N M / D E / Y Y Y Y
11 28 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Barnes-Jewish Hosp MS 90-71-31 Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: 5310847

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 13 / 17

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)
John H Payne, III

Mailing Address
6611 Kathmoor Dr

City State Zip Code
Montgomery AL 36117-5214

Date of Receipt
N M / D E / Y Y V V
11 / 28 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
1000.00

Name of Employer Occupation
Montgomery Radiology Assoc Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 5310B39

B. Full Name (Last, First, Middle Initial)
Ramesh Ayya

Mailing Address
7137 Pinewood Ct

City State Zip Code
Columbus GA 31909-2152

Date of Receipt
N M / D E / Y Y V V
11 / 28 / 2001

FEC ID number of contributing federal political committee. Amount of Each Receipt this Period
500.00

Name of Employer Occupation
Radiology Associates of Columbus, P.C. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 1000.00

Transaction ID: 5310B40

C.

SUBTOTAL of Receipts This Page (optional) ▶ **1500.00**

TOTAL This Period (last page this line number only) ▶ **7792.00**

**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 14 / 17
	<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 M / D D / Y Y Y Y
11 / 30 / 2001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Amount of Each Receipt this Period
588.79

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Dividend interest

7591.11

Transaction ID: 5357734

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	588.79
TOTAL This Period (last page this line number only)	▶	588.79

**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 15 / 17

<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. Ted Strickland For Congress		Date of Disbursement 11 / 01 / 2001
Mailing Address PO Box 580 1337 Thomas Hollow Road City Lucasville State OH Zip Code 45648		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. Ted Strickland		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5358010
State: OH District: 8		

Full Name (Last, First, Middle Initial) B. Friends Of Patrick J Kennedy Inc		Date of Disbursement 11 / 08 / 2001
Mailing Address PO Box 321 City Pawtucket State RI Zip Code 02862		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00	011 Category/ Type	
Candidate Name Rep. Patrick Kennedy		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5358148
State: RI District: 1		

Full Name (Last, First, Middle Initial) C. Cooksey For Congress Committee		Date of Disbursement 11 / 08 / 2001
Mailing Address P O Box 7800 City Monroe State LA Zip Code 71211		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. John Cooksey		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 5358007
State: LA District: 6		

SUBTOTAL of Disbursements This Page (optional)	4000.00
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 16 / 17

<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. David Vitber For Congress		Date of Disbursement 11 / 06 / 2001	
Mailing Address 202 East Livingston Place City: Metairie State: LA Zip Code: 70005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. David Vitber			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA District: 1	Transaction ID: 5358008		

Full Name (Last, First, Middle Initial) B. Friends Of Senator Rockefeller		Date of Disbursement 11 / 15 / 2001	
Mailing Address 236 Massachusetts Avenue #310 City: Washington State: DC Zip Code: 20002		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Sen. John Rockefeller, IV			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WV District: 2	Transaction ID: 5357870		

Full Name (Last, First, Middle Initial) C. Friends Of Connie Morella For Congress		Date of Disbursement 11 / 27 / 2001	
Mailing Address 7101 Wisconsin Avenue # 102 City: Bethesda State: MD Zip Code: 20814		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Constance Morella			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD District: 8	Transaction ID: 5357735		

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	7000.00

**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 17 / 17

<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

DD1

Category/
Type

Office Sought:

House

Senate

President

State:

District: 0

Disbursement For:

Primary

General

Other (specify) ▼

Date of Disbursement

11 / 30 / 2001

Amount of Each Disbursement this Period

210.60

credit card processing fees

Transaction ID: 5357683

B.

C.

SUBTOTAL of Disbursements This Page (optional) ▶ **210.60**

TOTAL This Period (last page this line number only) ▶ **210.60**