

**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  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER) Election on in the State of  
 (b) Monthly Report Due On:  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 04 01 2002 through 04 30 2002

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 17 2002

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)

Page 2

Write or Type Committee Name  
Radiology Advocacy Alliance Political Action Committee

Report Covering the Period: From: <sup>h</sup>04 <sup>D</sup>01 <sup>v</sup>2002 To: <sup>h</sup>04 <sup>D</sup>30 <sup>v</sup>2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2002		329361.95
(b) Cash on Hand at Beginning of Reporting Period .....	358897.35	
(c) Total Receipts (from Line 19) .....	55773.74	134809.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	414671.09	464171.87
7. Total Disbursements (from Line 30) .....	29816.62	79317.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	384854.47	384854.47
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 800-424-9530  
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: <sup>MM</sup>04 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>04 <sup>DD</sup>30 <sup>YYYY</sup>2002

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) .....	35025.00	
(ii) Unitemized .....	20281.67	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	55306.67	133002.67
(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) .....	55306.67	133002.67
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.) .....	467.07	1807.25
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) .....	55773.74	134809.92
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	55773.74	134809.92

**DETAILED SUMMARY PAGE**

of Disbursements

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	2592.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2592.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000.00	71000.00
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	0.00
(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	0.00
29. Other Disbursements.....	816.62	5724.43
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	29816.62	79317.40
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	29816.62	79317.40
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	55306.67	133002.67
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	55306.67	133002.67
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	2592.97
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	2592.97

**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 / 49

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

Full Name (Last, First, Middle Initial)

A. Dr. Richard P. Chepey

Mailing Address

PO Box 560B

City

State

Zip Code

Corpus Christi

TX

78465-5608

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Memorial Medical Center

Occupation

Diagnostic Radiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6019635

Full Name (Last, First, Middle Initial)

B. Dr. William E. Cooley, Jr.

Mailing Address

Bloomington Radiology SC

200 S Towanda Ave

City

State

Zip Code

Normal

IL

61761-2132

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Bloomington Radiology SC

Occupation

Diagnostic Radiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6019649

Full Name (Last, First, Middle Initial)

C. Dr. Michael L. Steinberg

Mailing Address

Santa Monica Cancer Trtmt Ctr

2428 Santa Monica Blvd 103

City

State

Zip Code

Santa Monica

CA

90404

Date of Receipt

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

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Santa Monica Cancer Trtmt Ctr

Occupation

Radiation Oncologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6019666

**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)  
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(check only one)

11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Clyde Allen

Date of Receipt

Mailing Address

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

16 Summer Trace Blvd

City State Zip Code

Laurel MS 39440-2509

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Self Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 6019586

Full Name (Last, First, Middle Initial)

B. Dr. Mark O Bernaldo

Date of Receipt

Mailing Address

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

1031 Jimson Dr

City State Zip Code

Conyers GA 30013-2064

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Diagnostic Imaging Specialists Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6019587

Full Name (Last, First, Middle Initial)

C. Dr. James E Blackwell

Date of Receipt

Mailing Address

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

5091 Cross Bow Cir

City State Zip Code

Roanoke VA 24014-5711

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Radiology Assoc. of Roanoke Occupation Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6019589

**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: PAGE 7 / 49

(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. Jeffrey G Blum

Mailing Address  
Cabarrus Radiologists PA 212 LePhillip Ct NE Ste 201  
City State Zip Code  
Concord NC 28025-4334

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Cabarrus Radiologists PA Diagnostic Radiologist

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

Transaction ID: 6019607

**B.** Full Name (Last, First, Middle Initial)  
Vincent A DeCesaris, M.D.

Mailing Address  
15 Devon Ct  
City State Zip Code  
East Greenwich RI 02818-2221

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Associates Diagnostic Radiologist

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

Transaction ID: 6027160

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael D Deek

Mailing Address  
New York Hosp/Cornell Med Ctr 525 E 68th St  
City State Zip Code  
New York NY 10021-4865

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
New York Hosp/Cornell Med Ctr Diagnostic Radiologist

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

Transaction ID: 6027161

**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 8 / 49	
	<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. Charles M Rosenthal

Mailing Address  
162 Lincoln Ave

City State Zip Code  
Barrington RI 02806-2341

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Imaging Associates Diagnostic Radiologist

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

Transaction ID: 6027315

**B.** Full Name (Last, First, Middle Initial)  
Dr. Larkin L Salmen

Mailing Address  
363 21st Ave NW

City State Zip Code  
Hickory NC 28601-1846

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6027328

**C.** Full Name (Last, First, Middle Initial)  
Dr. Philip J Sheman

Mailing Address  
6559 Carriatown Ct

City State Zip Code  
Toledo OH 43615-1769

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Toledo Radiological Assoc Diagnostic Radiologist

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

Transaction ID: 6027158

**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)  
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FOR LINE NUMBER:  
(check only one)

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

Full Name (Last, First, Middle Initial)

A. Dr. Andrew I Soye

Date of Receipt

Mailing Address

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

Medical X-Ray Center 1417 S Minnesota Ave

City State Zip Code

Sioux Falls SD 57105-1715

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Medical X-Ray Center Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6027319

Full Name (Last, First, Middle Initial)

B. Thaddeus A Laird, M.D.

Date of Receipt

Mailing Address

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

4278 Bitterroot Road

City State Zip Code

Reno NV 89509-0617

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Self-employed Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6027164

Full Name (Last, First, Middle Initial)

C. James F Schind, M.D.

Date of Receipt

Mailing Address

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

3257 Shadybrook Ln

City State Zip Code

Chico CA 95926-3964

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation  
NSR Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 6027162

**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 10 / 49	
	<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. Dr. Stephen D Rice**

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 2

Mailing Address  
St Francis Cabrini Hospital 333D Masonic Dr  
City State Zip Code  
Alexandria LA 71301

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Central Louisiana Imaging Diagnostic Radiologist

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

Transaction ID: 6019599

Full Name (Last, First, Middle Initial)  
**B. Dr Robert D Reinhart**

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 2

Mailing Address  
PO Box 1572  
City State Zip Code  
Hammond LA 70404-1572

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
North Oaks Hospital Diagnostic Radiologist

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

Transaction ID: 6027322

Full Name (Last, First, Middle Initial)  
**C. Dr John P Booker, Jr**

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

Mailing Address  
PO Box 308  
City State Zip Code  
Hickory NC 28603-0308

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Catawba Radiological Associates Diagnostic Radiologist

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

Transaction ID: 6043801

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2250.00**

**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 11 / 49	
	<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. Dr. Robert L Gamett**

Mailing Address  
PO Box 2787  
City State Zip Code  
Columbus GA 31902-2787

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Medical Center Diagnostic Radiologist

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

Transaction ID: 6043792

Full Name (Last, First, Middle Initial)  
**B. Dr J R Jaster**

Mailing Address  
5227 Lea Avenue  
City State Zip Code  
Downers Grove IL 60515-4303

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6043790

Full Name (Last, First, Middle Initial)  
**C. Dr. William B Lowy**

Mailing Address  
816 W Cannon PO Box 2927  
City State Zip Code  
Fort Worth TX 76104-3194

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

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Associates of Tarrant County Diagnostic Radiologist

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

Transaction ID: 6043788

**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 12 / 49	
	<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. Mark W Peterson, M.D.**

Mailing Address  
1411 24th Avenue

City State Zip Code  
Lewiston ID 83501-6346

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6043811

Full Name (Last, First, Middle Initial)  
**B. Dr. Daniel G Schwartzberg**

Mailing Address  
Georgia Baptist Hospital 125D McLynn Ave

City State Zip Code  
Atlanta GA 30306-2530

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 04 / 2002

Amount of Each Receipt this Period  
400.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Georgia Baptist Hospital Diagnostic Radiologist

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

Transaction ID: 6043791

Full Name (Last, First, Middle Initial)  
**C. William B Morrison, M.D.**

Mailing Address  
834 Chestnut St #PH108

City State Zip Code  
Philadelphia PA 19107-5127

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Jefferson Hospital Diagnostic Radiologist

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

Transaction ID: 6043800

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey R Bond

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

Mayo Clinic 200 First St SW

City State Zip Code

Rochester MN 55902-3008

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Mayo Clinic Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6043386

Full Name (Last, First, Middle Initial)

B. Dr. Tim S Caldwell

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

Radiology Consultants of OK PO Box 4875

City State Zip Code

Tulsa OK 74159

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation  
Radiology Consultants of OK Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 6043387

Full Name (Last, First, Middle Initial)

C. Dr. Susan M Edwards

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

13101 Waterrock Ln

City State Zip Code

Arcadia OK 73007-7831

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 1000.00

Name of Employer Occupation  
Oklahoma Radiology Group Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 1000.00

Transaction ID: 6043347

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Radiology Advocacy Alliance Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Barry F. Jeffries

Mailing Address  
PO Box 1007

City State Zip Code  
Decatur GA 30031-1007

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Amount of Each Receipt this Period  
250.00

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) ▼ 250.00

Transaction ID: 6043378

**B.** Full Name (Last, First, Middle Initial)  
Dr. David B. Koch

Mailing Address  
#7 Oxford Ct

City State Zip Code  
Bloomington IL 61704-6240

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Bloomington Radiology, S.C. Occupation  
Diagnostic Radiologist

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

Transaction ID: 6043351

**C.** Full Name (Last, First, Middle Initial)  
Dr. Elann McCrory

Mailing Address  
1408 Alabama Ave SW

City State Zip Code  
Fort Payne AL 35967-4821

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation  
Diagnostic Radiologist

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

Transaction ID: 6043348

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

Full Name (Last, First, Middle Initial)

A. Dr. David L. Obley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

PO Box 1092

City State Zip Code

Clearfield PA 16830-5092

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Clearfield Hospital Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6043387

Full Name (Last, First, Middle Initial)

B. Dr. Steven L. Solomon

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

17609 Ailanthus Drive

City State Zip Code

Chesterfield MO 63005-4284

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Midwest Radiological Associates, P.C. Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6043384

Full Name (Last, First, Middle Initial)

C. Leonard G. Pohler, M.D.

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 0 5 / 2 0 0 2

1216 Sam Lions Trail

City State Zip Code

Martinsville VA 24112-5333

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation  
Piedmont Diagnostic Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 6043386

**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 16 / 49	
	<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. Deborah M Lucas, M.D.

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Mailing Address  
Piedmont Radiology Associates 401 Mocksville Ave Ste 100  
City State Zip Code  
Salisbury NC 28144

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

Name of Employer Occupation  
Piedmont Radiology Associates Diagnostic Radiologist

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

Transaction ID: 6043393

Full Name (Last, First, Middle Initial)  
B. Dr Philip L Lund

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Mailing Address  
Valley Medical Center 400 S 43rd St  
City State Zip Code  
Renton WA 98055

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

Name of Employer Occupation  
Valley Radiologists Diagnostic Radiologist

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

Transaction ID: 6043378

Full Name (Last, First, Middle Initial)  
C. Dr. Jeffrey J Kornik

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2002

Mailing Address  
1964 Stockbridge Rd  
City State Zip Code  
Akron OH 44313-4539

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

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6043401

**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 17 / 49	
	<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 William B Mehard

Mailing Address  
1571 Highland Valley Circle

City State Zip Code  
Chesterfield MO 63005-4261

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Diagnostic Imaging Associates Diagnostic Radiologist

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

Transaction ID: 6043380

**B.** Full Name (Last, First, Middle Initial)  
Robert Weinmann, IV

Mailing Address  
4893 E L.K. Harriet Pkwy

City State Zip Code  
Minneapolis MN 55409

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
SPR Diagnostic Radiologist

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

Transaction ID: 6043385

**C.** Full Name (Last, First, Middle Initial)  
James F Van Brocklin, M.D.

Mailing Address  
1222 S 98th Rd

City State Zip Code  
Firth NE 68358-7573

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

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Southeast NE Radiology, Inc. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 6043377

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

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

**SCHEDULE A (FEC Form 3X)  
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 49	
	<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. Karen Blumberg, M.D.**

Mailing Address  
2060 Upper St Dennis Road

City State Zip Code  
Saint Paul MN 55116-2809

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Pediatric Radiology, P.A. Diagnostic Radiologist

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

Transaction ID: 6043529

Full Name (Last, First, Middle Initial)  
**B. Dr Robert H Chopin**

Mailing Address  
Indiana University Sch of Med 550 N University Blvd Rm D279

City State Zip Code  
Indianapolis IN 46202-5253

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
IN University School of Medicine Diagnostic Radiologist

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

Transaction ID: 6043524

Full Name (Last, First, Middle Initial)  
**C. Dr. Carl F Critchfield**

Mailing Address  
Muskogee Radiological Group 1400 N 81st St W

City State Zip Code  
Muskogee OK 74401

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Muskogee Radiological Group Diagnostic Radiologist

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

Transaction ID: 6056794

**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  
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NAME OF COMMITTEE (In Full)

Radiology Advocacy Alliance Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald A Harper, M.D.

Mailing Address

304 Summerfield Drive

City

State

Zip Code

Bryant

AR

72022-3283

Date of Receipt

N M / D E / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Radiology Associates, P.A.

Occupation

Diagnostic Radiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6043528

Full Name (Last, First, Middle Initial)

B. Dr. Stuart C Moses

Mailing Address

14 Timber Dr

City

State

Zip Code

North Caldwell

NJ

07006-4406

Date of Receipt

N M / D E / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Self

Occupation

Diagnostic Radiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6057019

Full Name (Last, First, Middle Initial)

C. Dr. Richard L Pitman

Mailing Address

4161 Summit Ln

City

State

Zip Code

Columbus

IN

47201-8955

Date of Receipt

N M / D E / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Columbus Regional Hospital

Occupation

Diagnostic Radiologist

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: 6043520

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

**750.00**

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

**SCHEDULE A (FEC Form 3X)  
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or each category of the  
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(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Dr. Richard D Rossin

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
04 / 08 / 2002

11178 Montaubon Way

City

State

Zip Code

San Diego

CA

92131-3678

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
PVRMG

Occupation

Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6056797

Full Name (Last, First, Middle Initial)

B. M.D. Glenn Van Roskel, M.D.

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
04 / 08 / 2002

1250 Central Avenue SE

City

State

Zip Code

Le Mars

IA

51031-2721

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Self

Occupation

Physician

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6057022

Full Name (Last, First, Middle Initial)

C. Dr. Laura M Levy

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
04 / 08 / 2002

717 20th St PO Box 2787

City

State

Zip Code

Columbus

GA

31902-2787

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Radiology Associates of Columbus,  
PC

Occupation

Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6057524

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)  
Radiology Advocacy Alliance Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr. Elizabeth L Kulwiec

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 2

Mailing Address  
352 Westbank Road

City State Zip Code  
Glenwood Springs CO 81601-9328

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6057526

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher A Jackson

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 2

Mailing Address  
549 Hawthorne Woods Dr

City State Zip Code  
Eagan MN 55123-3060

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St Paul Radiology PA Diagnostic Radiologist

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

Transaction ID: 6057740

**C.** Full Name (Last, First, Middle Initial)  
Gary D Newman, M.D.

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 0 2

Mailing Address  
1410 10th St

City State Zip Code  
Columbus GA 31906-3008

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Associates of Columbus Diagnostic Radiologist

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

Transaction ID: 6057737

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

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

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

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or each category of the  
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FOR LINE NUMBER:  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kevin M Cowley

Mailing Address  
215 So 85th St

City State Zip Code  
Omaha NE 68114-4252

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiologic Center Inc. Diagnostic Radiologist

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

Transaction ID: 6064306

**B.** Full Name (Last, First, Middle Initial)  
Dr. James T Friedland

Mailing Address  
PO Box 31985

City State Zip Code  
Palm Beach Gardens FL 33420-1988

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Palm Beach Imaging Associates, P.-  
A. Diagnostic Radiologist

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

Transaction ID: 6064300

**C.** Full Name (Last, First, Middle Initial)  
Michael S Hertzog M.D.

Mailing Address  
5404 Summerfield Ln

City State Zip Code  
Signal Mountain TN 37377-2860

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Group of Chattanooga Diagnostic Radiologist

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

Transaction ID: 6064309

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

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

**SCHEDULE A (FEC Form 3X)  
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Detailed Summary Page

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

Full Name (Last, First, Middle Initial)

A. Dr. James S Jelinek

Date of Receipt

Mailing Address

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

Washington Hospital Center

110 Irving St NW

City

State

Zip Code

Washington

DC

20010

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Washington Hospital Center

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6064311

Full Name (Last, First, Middle Initial)

B. Dr. John R Kibwood

Date of Receipt

Mailing Address

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

Baystate Medical Center

758 Chestnut St

City

State

Zip Code

Springfield

MA

01199-0001

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Baystate Medical Center

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6064308

Full Name (Last, First, Middle Initial)

C. Dr. James W Owen, III

Date of Receipt

Mailing Address

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

Radiology Nuclear Med

823 SW Mulvane St

City

State

Zip Code

Topeka

KS

66606-1880

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
Radiology Nuclear Med

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6064237

**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 24 / 49	
	<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. Isaac R Kirk, III**

Mailing Address  
2211 Sheridan St  
City State Zip Code  
Houston TX 77030-2015

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
St. Joseph Radiology Associates Diagnostic Radiologist

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

Transaction ID: 6057348

Full Name (Last, First, Middle Initial)  
**B. Eugenio Erquiaga, M.D.**

Mailing Address  
397 Auburn Chase Dr  
City State Zip Code  
Venice FL 34292-3179

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiologic Assoc. of Venice & Englewood Diagnostic Radiologist

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

Transaction ID: 6064310

Full Name (Last, First, Middle Initial)  
**C. Dr. Wynn W Adam**

Mailing Address  
Kettering Medical Center 3535 Southern Blvd  
City State Zip Code  
Kettering OH 45429

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kettering Medical Center Diagnostic Radiologist

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

Transaction ID: 6075871

**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 25 / 49

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. Michael T King

Mailing Address  
Rad Consultants of Little Rock 9601 Lile Dr Ste 1100  
City State Zip Code  
Little Rock AR 72205-6359

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
Rad Consultants of Little Rock

Occupation  
Diagnostic Radiologist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 6064486

**B.** Full Name (Last, First, Middle Initial)  
Dr. George E Lipscomb

Mailing Address  
PO Box 2787  
City State Zip Code  
Columbus GA 31902-2787

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
Radiology Associates, PC

Occupation  
Diagnostic Radiologist

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

Amount of Each Receipt this Period  
250.00

Transaction ID: 6064498

**C.** Full Name (Last, First, Middle Initial)  
Ronald M Rust, M.D.

Mailing Address  
Bryan Radiology Assoc 2722 Osler Blvd  
City State Zip Code  
Bryan TX 77802-2517

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

FEC ID number of contributing federal political committee.

Name of Employer  
Bryan Radiology Assoc

Occupation  
Diagnostic Radiologist

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

Amount of Each Receipt this Period  
500.00

Transaction ID: 6064499

**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 26 / 49	
	<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. Max Wolf

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Mailing Address  
PO Box 2787

City State Zip Code  
Columbus GA 31902-2787

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Associates Diagnostic Radiologist

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

Transaction ID: 6064481

**B.** Full Name (Last, First, Middle Initial)  
Dr. Christopher L McIntire

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Mailing Address  
PO Box 2787

City State Zip Code  
Columbus GA 31902-2787

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Assoc. of Columbus Diagnostic Radiologist

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

Transaction ID: 6064485

**C.** Full Name (Last, First, Middle Initial)  
Gary P Spoto, M.D.

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Mailing Address  
14151 Palisades Drive

City State Zip Code  
Poway CA 92064-3841

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Diagnostic Radiologist

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

Transaction ID: 6075869

**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 27 / 49	
	<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. David O Griffith, M.D.**

Mailing Address  
3774 W Salinas Cr  
City State Zip Code  
Dayton OH 45440-3960

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology Physicians, Inc. Diagnostic Radiologist

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

Transaction ID: 6075672

Full Name (Last, First, Middle Initial)  
**B. George E Erbawer, M.D.**

Mailing Address  
3211 West 73rd Street  
City State Zip Code  
Tulsa OK 74132-2206

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Tulsa Regional Medical Center Diagnostic Radiologist

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

Transaction ID: 6075675

Full Name (Last, First, Middle Initial)  
**C. Steven Howard Brick, M.D.**

Mailing Address  
8314 Snug Hill Ln  
City State Zip Code  
Potomac MD 20854-4057

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Drs. Groover, Christie, & Merritt, PC Diagnostic Radiologist

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

Transaction ID: 6075754

**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

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(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. Dr. Don A. Cubberley

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 1 6 / 2 0 0 2

Inland Imaging 525 S Cowley St

City State Zip Code

Spokane WA 89202-1381

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
Inland Imaging Associates Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6075736

Full Name (Last, First, Middle Initial)

B. Dr. Douglas B. Ketchum

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 1 6 / 2 0 0 2

4802 Merilana Ave

City State Zip Code

Edina MN 55436-1338

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 250.00

Name of Employer Occupation  
St. Paul Radiology, P.A. Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 250.00

Transaction ID: 6075732

Full Name (Last, First, Middle Initial)

C. Dr. Eva M Smorzantuk

Date of Receipt

Mailing Address

N M / D E / Y Y Y Y  
0 4 / 1 6 / 2 0 0 2

5140 Long Point Farm Drive

City State Zip Code

Oxford MD 21854-1503

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee. 500.00

Name of Employer Occupation  
Delmarva Radiology Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼

Primary General Other (specify) ▼ 500.00

Transaction ID: 6075773

**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 29 / 49	
	<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. Gregory R Jackson, M.D.**

Mailing Address  
6068 Country Club Oaks Pl  
City: Omaha State: NE Zip Code: 68152-2009

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Self Occupation: Diagnostic Radiologist

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

Transaction ID: 6075756

Full Name (Last, First, Middle Initial)  
**B. Dr. Donald J Stalman**

Mailing Address  
1822 Rose Creek Parkway East  
City: Fargo State: ND Zip Code: 58104-6835

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 16 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Medicare Medical Group Occupation: Diagnostic Radiologist

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

Transaction ID: 6075774

Full Name (Last, First, Middle Initial)  
**C. William W Beckett, Jr**

Mailing Address  
7 Harrington Ln  
City: Dothan State: AL Zip Code: 36305-9732

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiology Associates of Dothan Occupation: Diagnostic Radiologist

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

Transaction ID: 6257843

**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 30 / 49	
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	<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. Dr. Kim 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 / 17 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer: Radiology LTD Occupation: Diagnostic Radiologist

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

Transaction ID: 6426195

Full Name (Last, First, Middle Initial)  
**B. Dr. William F Mhr, Jr**

Mailing Address  
South Jersey Rad Assoc PA 1307 White Horse Rd Ste A102  
City: Voorhees State: NJ Zip Code: 08043

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: South Jersey Rad Assoc PA Occupation: Diagnostic Radiologist

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

Transaction ID: 6426168

Full Name (Last, First, Middle Initial)  
**C. Arthur D Sandy**

Mailing Address  
2821 Argyle Rd  
City: Birmingham State: AL Zip Code: 35215-3403

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Advanced Imaging Assoc of AL Occupation: Diagnostic Radiologist

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

Transaction ID: 6426137

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 31 / 49	
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NAME OF COMMITTEE (In Full)  
Radiology Advocacy Alliance Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Bill H Warren

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 2

Mailing Address  
UWMC Box 357115  
City State Zip Code  
Seattle WA 98195-0001

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 125.00

Name of Employer Occupation  
UWMC Diagnostic Radiologist

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

Transaction ID: 6426136

**B.** Full Name (Last, First, Middle Initial)  
John H Lohres, Jr

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 2

Mailing Address  
3333 East Central Ste 214  
City State Zip Code  
Wichita KS 67208-3109

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

Name of Employer Occupation  
Wichita Radiological Group PA Diagnostic Radiologist

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

Transaction ID: 6426168

**C.** Full Name (Last, First, Middle Initial)  
Dr Bibb Allen, Jr

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 0 2

Mailing Address  
904 Crestview Dr  
City State Zip Code  
Birmingham AL 35215-3129

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

Name of Employer Occupation  
Montclair Baptist Medical Center Diagnostic Radiologist

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

Transaction ID: 6426167

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**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 32 / 49	
	<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. Michael Freder DeVenny**

Mailing Address  
3080 Yorktown Dr  
City: Tuscaloosa State: AL Zip Code: 35406-2713

Date of Receipt  
M / D / Y Y Y Y  
04 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: The Radiology Clinic Occupation: Diagnostic Radiologist

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

Transaction ID: 6426135

Full Name (Last, First, Middle Initial)  
**B. Richard G Stiles, M.D.**

Mailing Address  
2461 Fawn Ridge  
City: Stone Mountain State: GA Zip Code: 30087-1213

Date of Receipt  
M / D / Y Y Y Y  
04 / 18 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Atlanta Radiology Consultants, PC Occupation: Diagnostic Radiologist

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

Transaction ID: 6258171

Full Name (Last, First, Middle Initial)  
**C. Dr. John J Bashr, III**

Mailing Address  
Baptist Hospital 1000 W Moreno  
City: Pensacola State: FL Zip Code: 32501-2340

Date of Receipt  
M / D / Y Y Y Y  
04 / 22 / 2002

Amount of Each Receipt this Period  
250.00

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) ▼ 250.00

Transaction ID: 6258837

**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: PAGE 33 / 49

(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. John M Bedvinek

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

Mailing Address  
Missouri Cancer Care 1092 Wentzville Pkwy  
City State Zip Code  
Wentzville MO 63385-3437

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

Name of Employer Occupation  
Missouri Cancer Care Radiation Oncologist

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

Transaction ID: 6258604

B. Full Name (Last, First, Middle Initial)  
Dr. Earl R Brown, Jr

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

Mailing Address  
5450 Channing Rd  
City State Zip Code  
Indianapolis IN 46226-1519

Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 100.00

Name of Employer Occupation  
Retired Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 300.00

Transaction ID: 6258699

C. Full Name (Last, First, Middle Initial)  
Dr W D Foley

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

Mailing Address  
6114 North Highway 83  
City State Zip Code  
Hartland WI 53029-5708

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

Name of Employer Occupation  
Medical College of Wisconsin Diagnostic Radiologist

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

Transaction ID: 6258836

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**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 34 / 49

(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.** Mark Greenberg, M.D.

Date of Receipt

Mailing Address

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

321 Ridge Rd

City

State

Zip Code

Jupiter

FL

33477-8645

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

500.00

Name of Employer  
Advanced Medical Imaging of Stuart

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

500.00

Transaction ID: 6258697

Full Name (Last, First, Middle Initial)

**B.** Katherine A Shaffer, M.D.

Date of Receipt

Mailing Address

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

Froedbert Mem Lutheran Hospital

9200 W Wisconsin Ave

City

State

Zip Code

Milwaukee

WI

53226-3522

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

300.00

Name of Employer  
Medical College of Wisconsin

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

300.00

Transaction ID: 6258698

Full Name (Last, First, Middle Initial)

**C.** Michael D Soe, M.D.

Date of Receipt

Mailing Address

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

450 E 23rd St

City

State

Zip Code

Fremont

NE

68025-2367

Amount of Each Receipt this Period

FEC ID number of contributing  
federal political committee.

250.00

Name of Employer  
General Radiology

Occupation  
Diagnostic Radiologist

Receipt For:

Aggregate Year-to-Date ▼

Primary General

Other (specify) ▼

250.00

Transaction ID: 6258638

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**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 35 / 49	
	<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. Dr Valerie S Behndt**

Mailing Address  
Northwest Radiologists 293D Squalicum Pkwy Ste 1D1  
City State Zip Code  
Bellingham WA 98225

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

Amount of Each Receipt this Period  
1200.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Northwest Radiologists Diagnostic Radiologist

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1200.00

Transaction ID: 6258696

Full Name (Last, First, Middle Initial)  
**B. Norman L Crocker, M.D.**

Mailing Address  
1387 S Hametown Rd  
City State Zip Code  
Akron OH 44321-1831

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Radiology and Imaging Services, Inc. Diagnostic Radiologist

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

Transaction ID: 6259280

Full Name (Last, First, Middle Initial)  
**C. Dr. Mark D Monson**

Mailing Address  
431 S Fairview Ave Ext  
City State Zip Code  
Spartanburg SC 29302-2710

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Spartanburg Radiological Associates Diagnostic Radiologist

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

Transaction ID: 6259097

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1700.00**

**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 36 / 49	
	<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. Charles F Tate, III, M.D.**

Mailing Address  
Holy Cross Hospital PD Box 23460  
City State Zip Code  
Fort Lauderdale FL 33308

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Radiologists of N. Ft. Lauderdale, PA

Occupation  
Diagnostic Radiologist

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

Transaction ID: 6259096

Full Name (Last, First, Middle Initial)  
**B. Dr Elizabeth W Cotter**

Mailing Address  
Radiology Assoc of Columbus PD Box 2787  
City State Zip Code  
Columbus GA 31994-3899

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Radiology Associates of Columbus

Occupation  
Diagnostic Radiologist

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

Transaction ID: 6259190

Full Name (Last, First, Middle Initial)  
**C. Dr. Michael R Clair**

Mailing Address  
Jeanes Hospital 7600 Central Avenue  
City State Zip Code  
Philadelphia PA 19111

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Jeanes Hospital

Occupation  
Diagnostic Radiologist

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

Transaction ID: 6319D98

**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 37 / 49	
	<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. Dr. Catherine W Piccoli**

Mailing Address  
Thomas Jefferson University Hosp 110D Walnut St  
City State Zip Code  
Philadelphia PA 19107

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Thomas Jefferson Univ Hospital Diagnostic Radiologist

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

Transaction ID: 6319097

Full Name (Last, First, Middle Initial)  
**B. E Hunter Welles, III, M.D.**

Mailing Address  
6 Northwood Ave.  
City State Zip Code  
Jackson TN 38301-4450

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

Amount of Each Receipt this Period  
1000.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Jackson Radiology Associates Diagnostic Radiologist

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

Transaction ID: 6319098

Full Name (Last, First, Middle Initial)  
**C. Dr. Paul J Friedman**

Mailing Address  
5644 Soledad Road  
City State Zip Code  
La Jolla CA 92037-7048

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

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
UCSD Diagnostic Radiologist

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

Transaction ID: 6319153

**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 38 / 49	
	<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. H. Walter Hennigan, Jr. M.D.**

Mailing Address  
Austin Radiological Assoc 6101 W Countyard Dr Bldg 5  
City State Zip Code  
Austin TX 78730-5096

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Austin Radiological Associates Diagnostic Radiologist

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

Transaction ID: 6319155

Full Name (Last, First, Middle Initial)  
**B. Dr. Steven F Waslowski**

Mailing Address  
170 Tacos Drive NE  
City State Zip Code  
Ada MI 49301-8532

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
ARS, PC Diagnostic Radiologist

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

Transaction ID: 6319152

Full Name (Last, First, Middle Initial)  
**C. Dr James Judd Green, Jr**

Mailing Address  
309 Pearce Dr  
City State Zip Code  
Jamestown NC 27262-8442

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
High Point Radiological Services Diagnostic Radiologist

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

Transaction ID: 6319151

**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 39 / 49	
	<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. Dr. Ramon J Garcia**

Mailing Address  
310 King Arthur  
City State Zip Code  
Port Neches TX 77661-5456

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2002

Amount of Each Receipt this Period  
250.00

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) ▼ 250.00

Transaction ID: 6319204

Full Name (Last, First, Middle Initial)  
**B. Dr. Michael P Schneider**

Mailing Address  
Radiology Assoc of Columbus 6400 Main Street 8 M  
City State Zip Code  
Columbus GA 31909

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Radiology Associates of Columbus, PC Occupation  
Diagnostic Radiologist

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

Transaction ID: 6319189

Full Name (Last, First, Middle Initial)  
**C. Michael J Votruba, M.D.**

Mailing Address  
8246 Vergennes St SE  
City State Zip Code  
Ada MI 49301-9118

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Kent Radiology, P.C. Occupation  
Diagnostic Radiologist

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

Transaction ID: 6319208

**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 40 / 49
	<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. Carlos R Hamilton, III, M.D.

Mailing Address  
6127 Olympia

City State Zip Code  
Houston TX 77057-3525

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Memorial Radiology Associates	Occupation Diagnostic Radiologist
---	--------------------------------------

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

Transaction ID: 6319205

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>35025.00</b>



**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 41 / 49
	<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  
04 / 30 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
487.07

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼ Dividend Interest  
Primary General  
Other (specify) ▼ 1807.25

Transaction ID: 6426862

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>487.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>487.07</b>

**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 42 / 49

<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) <b>A. Frist, Bill (VOLPAC)</b>		Date of Disbursement 04 / 08 / 2002	
Mailing Address 2000 Glen Echo Road Suite 107 City State Zip Code Nashville TN 37215		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name		Transaction ID: 6427D73	
Office Sought: House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State:            District: 0			

Full Name (Last, First, Middle Initial) <b>B. Burr For Congress Committee</b>		Date of Disbursement 04 / 10 / 2002	
Mailing Address PO Box 5928 City State Zip Code Winston-Salem NC 27113		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Richard Burr		Transaction ID: 6427D87	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: NC            District: 5			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Kent Conrad</b>		Date of Disbursement 04 / 10 / 2002	
Mailing Address PO Box 812 City State Zip Code Bismarck ND 58502		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Senator Kent Conrad		Transaction ID: 6427D71	
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼		
State: ND            District: 1			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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 43 / 49

<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) <b>A. Murtha For Congress Committee</b>		Date of Disbursement 04 / 10 / 2002
Mailing Address 551 Main Street Suite 220 City: Johnstown State: PA Zip Code: 15801		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. John Murtha		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6427D69
State: PA      District: 12		

Full Name (Last, First, Middle Initial) <b>B. Friends Of Jennifer B Dunn</b>		Date of Disbursement 04 / 11 / 2002
Mailing Address IPD Box 40110 City: Bellevue State: WA Zip Code: 98015		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Congresswoman Jennifer Dunn		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6427D72
State: WA      District: 8		

Full Name (Last, First, Middle Initial) <b>C. Nussle For Congress Committee</b>		Date of Disbursement 04 / 12 / 2002
Mailing Address P.O. Box 324 City: Manchester State: IA Zip Code: 52057		Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Congressman Jim Nussle		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6427D61
State: IA      District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>4000.00</b>
<b>TOTAL</b> 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 44 / 49

<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) <b>A. Citizens for Harkin</b>		Date of Disbursement 04 / 12 / 2002
Mailing Address P O Box 811 City Des Moines State IA Zip Code 50304		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Senator Tom Harkin		
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6427D62
State: IA District: 2		

Full Name (Last, First, Middle Initial) <b>B. Pete Stark Re-Election Committee</b>		Date of Disbursement 04 / 16 / 2002
Mailing Address PO Box 8331 City Fremont State CA Zip Code 94537		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Congressman Fortney Stark		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6427D57
State: CA District: 13		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Weiner</b>		Date of Disbursement 04 / 16 / 2002
Mailing Address P.O. Box 29D-346 City Brooklyn State NY Zip Code 11229		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00		011 Category/ Type
Candidate Name Rep. Anthony Weiner		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6427D56
State: NY District: 8		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> 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 45 / 49

<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) <b>A. Rangel For Congress</b>		Date of Disbursement 04 / 17 / 2002
Mailing Address PO Box 5577 City State Zip Code New York NY 10027		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Congressman Charles Rangel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6427055
State: NY      District: 15		

Full Name (Last, First, Middle Initial) <b>B. Citizens for Harkin</b>		Date of Disbursement 04 / 17 / 2002
Mailing Address P O Box 811 City State Zip Code Des Moines IA 50304		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$2,000.00		011 Category/ Type
Candidate Name Senator Tom Harkin		
Office Sought:    House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6426953
State: IA      District: 2		

Full Name (Last, First, Middle Initial) <b>C. McNulty For Congress Committee</b>		Date of Disbursement 04 / 17 / 2002
Mailing Address P.O. Box 1580 City State Zip Code Green Island NY 12183		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type
Candidate Name Rep. Michael McNulty		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary      General Other (specify) ▼	Transaction ID: 6426951
State: NY      District: 21		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<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) <b>A. Ben Cardin For Congress</b>		Date of Disbursement 04 / 21 / 2002
Mailing Address 100 East Pratt Street 27th Floor City Baltimore State MD Zip Code 21202		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congressman Benjamin Cardin		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6427060
State: MD District: 3		

Full Name (Last, First, Middle Initial) <b>B. Lot Of People For Dave Obey</b>		Date of Disbursement 04 / 22 / 2002
Mailing Address PO Box 1322 City Waubesa State WI Zip Code 54402		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement YTD:\$2,500.00	011 Category/ Type	
Candidate Name Congressman David Obey		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6426943
State: WI District: 7		

Full Name (Last, First, Middle Initial) <b>C. Friends of J. C. Watts, Jr.</b>		Date of Disbursement 04 / 23 / 2002
Mailing Address P.O. Box 720445 City Norman State OK Zip Code 73070		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. J.C. Watts, Jr.		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6426942
State: OK District: 4		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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<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) <b>A. Northup For Congress</b>		Date of Disbursement 04 / 23 / 2002	
Mailing Address PO Box 7313 City State Zip Code Louisville KY 40207		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. Anne Northup			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: KY      District: 3	Transaction ID: 6426840		

Full Name (Last, First, Middle Initial) <b>B. Volunteers For Shimkus</b>		Date of Disbursement 04 / 23 / 2002	
Mailing Address P.O. Box 5458 City State Zip Code Springfield IL 62706		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Rep. John Shimkus			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: IL      District: 20	Transaction ID: 6426841		

Full Name (Last, First, Middle Initial) <b>C. Dave Camp For Congress 2002</b>		Date of Disbursement 04 / 24 / 2002	
Mailing Address 5915 Eastman Avenue Suite 100 City State Zip Code Midland MI 48640		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement YTD:\$1,000.00		011 Category/ Type	
Candidate Name Congressman Dave Camp			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: MI      District: 4	Transaction ID: 6426839		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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) <b>A. Friends Of Lois Capps</b>		Date of Disbursement 04 / 24 / 2002
Mailing Address Post Office Box 23940 City: Santa Barbara State: CA Zip Code: 93121		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Congresswoman Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6426928
State: CA District: 22		

Full Name (Last, First, Middle Initial) <b>B. Congressman Waxman Campaign Committee</b>		Date of Disbursement 04 / 24 / 2002
Mailing Address 8665 Wilshire Blvd #220 City: Beverly Hills State: CA Zip Code: 90211		Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement YTD:\$5,000.00	011 Category/ Type	
Candidate Name Congressman Henry A. Waxman		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: 6426935
State: CA District: 29		

Full Name (Last, First, Middle Initial) <b>C. Friends Of John Peterson</b>		Date of Disbursement 04 / 24 / 2002
Mailing Address 114 W State St PO Box 295 City: Pleasantville State: PA Zip Code: 16341		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement YTD:\$1,000.00	011 Category/ Type	
Candidate Name Rep. John Peterson		
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	Transaction ID: 6426938
State: PA District: 6		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>29000.00</b>



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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		Date of Disbursement 04 / 30 / 2002
Mailing Address PO Box 27025 City Richmond State VA Zip Code 23261		Amount of Each Disbursement this Period 816.62
Purpose of Disbursement credit card processing fees		DD1 Category/ Type credit card processing fe- es
Candidate Name		
Office Sought: House Senate President State: District: 0	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 6426872

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>816.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>816.62</b>