

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 31 11 18 PM '95

| | |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Metrolina Area Radiologists for Quality in Medicine | 2. DATE 10/27/95 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) P.O. Box 36937 | 3. FEC Identification Number |
| (c) City, State and ZIP Code Charlotte, North Carolina 28236 | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

5. TYPE OF COMMITTEE (Check one)

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

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

| | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| | | | |

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

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

(e) This committee is a separate segregated fund.

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

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| NONE | | |

Type of Connected Organization:
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

| | | |
|-----------|--|-------------------|
| Full Name | Mailing Address | Title or Position |
| Al Goheen | P.O. Box 36937 Charlotte, North Carolina | Controller |

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

| | | |
|--------------|--|-------------------|
| Full Name | Mailing Address | Title or Position |
| Jack Gilbert | P.O. Box 36937 Charlotte, North Carolina | Treasurer |

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

| | |
|--------------------------------|---|
| Name of Bank, Depository, etc. | Mailing Address and ZIP Code |
| Central Carolina Bank | 202 N. Hoskins Road Charlotte, North Carolina 28235 |

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

| | | |
|---------------------------------|------------------------|------|
| TYPE OR PRINT NAME OF TREASURER | SIGNATURE OF TREASURER | DATE |
| Jack Gilbert | | |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g
 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

7 3 3 0 6 0 3 0 0 0 5 9

**Federal Election Commission
 ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

10-27-95

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMH
 PREPARER

10-31-95
 DATE PREPARED

950306130