

# 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  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3975 Fair Ridge Dr.  
Suite 400 North  
 Check if different than previously reported. (ACC)  
FAIRFAX VA 22033

2. **FEC IDENTIFICATION NUMBER** C00408435  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

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

5. Covering Period 07 01 2006 through 09 30 2006

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 Mr. Larry Kaplan

Signature of Treasurer Electronically Filed by Mr. Larry Kaplan Date 10 13 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		50786.65
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	76162.28									
(c) Total Receipts (from Line 19) .....	18598.65	51094.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	94760.93	101881.22								
7. Total Disbursements (from Line 31) .....	42054.72	49175.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	52706.21	52706.21								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	14250.00	39260.00
(i) Itemized (use Schedule A) .....	4330.00	11790.00
(ii) Unitemized .....	18580.00	51050.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18580.00	51050.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	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.) .....	18.65	44.57
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	18598.65	51094.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18598.65	51094.57

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	54.72	175.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	54.72	175.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	42000.00	49000.00
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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	42054.72	49175.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	42054.72	49175.01

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18580.00	51050.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18580.00	51050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54.72	175.01
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54.72	175.01

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Steven Amberson

Mailing Address 300 Professional Drive

City Scarborough State ME Zip Code 04074

FEC ID number of contributing federal political committee. **C**

Name of Employer Spectrum Medical Group Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 17 / 2006

**Transaction ID: SA11A1.4936**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 40 Oakland Ave.

City North Kingstown State RI Zip Code 02852

FEC ID number of contributing federal political committee. **C**

Name of Employer Endovascular & Interventional Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2006

**Transaction ID: SA11A1.4943**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. John Bools

Mailing Address 18th 13th Ave.  
 Box 308

City Hickory State NC Zip Code 28603

FEC ID number of contributing federal political committee. **C**

Name of Employer Catawba Radiological Associate Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 22 / 2006

**Transaction ID: SA11A1.4949**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Jan Brekke Mailing Address 1515 E Victor Hugo Ave City State Zip Code Phoenix AZ 85022 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006 <b>Transaction ID: SA11A1.4950</b> Amount of Each Receipt this Period 250.00
Name of Employer Valley Radiologists Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. David Bynum Mailing Address 14048 Mint Trail City State Zip Code San Antonio TX 78232 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 06 / 2006 <b>Transaction ID: SA11A1.4955</b> Amount of Each Receipt this Period 500.00
Name of Employer South Texas Radiology Group Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Ronald Christianson Mailing Address 1867 Little Valley Ct City State Zip Code De Pere WI 54115 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2006 <b>Transaction ID: SA11A1.4957</b> Amount of Each Receipt this Period 250.00
Name of Employer Aurora Baycare Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1000.00</b>
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Timothy Close

Mailing Address 862 Hampton Creek Way

City State Zip Code  
 Columbia SC 29209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Richland Memorial Creek Way doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 03 / 2006

**Transaction ID:** SA11A1.4961

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Andrew Davis

Mailing Address 108 Suffolk Pl.

City State Zip Code  
 Chapel Hill NC 27516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Regional Vascular Associates doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 11 / 2006

**Transaction ID:** SA11A1.4969

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 14 Ryedale Ct.

City State Zip Code  
 Greenville SC 29615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Greenville Radiology, PA doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 06 / 2006

**Transaction ID:** SA11A1.4970

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christian Dewald

Mailing Address 2731 East Gelding

City State Zip Code  
Phoenix AZ 85032

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Diagnostic Imaging  
Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2006

Transaction ID: SA11A1.4972

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kevin Duwe

Mailing Address 8606 E. San Lucas Dr.

City State Zip Code  
Scottsdale AZ 85032

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Radiologists  
Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 06 / 2006

Transaction ID: SA11A1.4976

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Erbacher

Mailing Address 3211 W. 73rd St.

City State Zip Code  
Tulsa OK 74132

FEC ID number of contributing federal political committee. **C**

Name of Employer TRMC  
Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2006

Transaction ID: SA11A1.4978

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Victor Gaines		Date of Receipt M M / D D / Y Y Y Y 09 / 05 / 2006
Mailing Address 14 Marion Way		<b>Transaction ID:</b> SA11A1.4979
City Lagrangeville	State NY	Zip Code 12540
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer DRA Imaging PC	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Geoffrey Gardiner		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006
Mailing Address 41 Mall Rd.		<b>Transaction ID:</b> SA11A1.4980
City Burlington	State MA	Zip Code 01805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Lahey Clinic	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Monte Golditch		Date of Receipt M M / D D / Y Y Y Y 08 / 02 / 2006
Mailing Address 7 Broadmoor Ave.		<b>Transaction ID:</b> SA11A1.4983
City Colorado Springs	State CO	Zip Code 80906
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Hospital	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Thomas Herald</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 03 / 2006
Mailing Address 2555 Ponce De Leon #400		<b>Transaction ID: SA11A1.4987</b>
City State Zip Code Coral Gables FL 33134	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Business Service, Inc.	Occupation administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Samuel Hill</b>		Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2006
Mailing Address 1860 Houndsfield Drive		<b>Transaction ID: SA11A1.4988</b>
City State Zip Code Florence SC 29506	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer McLeod Regional Medical Center	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Michael Hummel</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2006
Mailing Address 525 E. State St.		<b>Transaction ID: SA11A1.4994</b>
City State Zip Code Mason City IA 50401	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Mercy Medical Center - North	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> 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 12 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dr. James Husted</b>		Date of Receipt MM / DD / YYYY 07 / 06 / 2006
Mailing Address 134 Lakeview Dr		<b>Transaction ID:</b> SA11A1.4995
City State Zip Code Media PA 19063	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Crozer Chester Medical Center	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Benjamin Kassanoff</b>		Date of Receipt MM / DD / YYYY 07 / 08 / 2006
Mailing Address 12700 Park Central Dr.		<b>Transaction ID:</b> SA11A1.4998
City State Zip Code Dallas TX 75251	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Medical City Dallas Hospital	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Chirstopher Kowalski</b>		Date of Receipt MM / DD / YYYY 09 / 07 / 2006
Mailing Address 10608 Callander Court		<b>Transaction ID:</b> SA11A1.5002
City State Zip Code Fort Wayne IN 46814	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Summit Radiology	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Thomas McNamara

Mailing Address 919 Levering Ave

City State Zip Code  
Los Angeles CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UCLA Medical Center doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 28 / 2006

Transaction ID: SA11A1.5009

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Adam Nevitt

Mailing Address 22 Balclutha Dr.

City State Zip Code  
Corte Madera CA 94925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Seton Medical Center doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 03 / 2006

Transaction ID: SA11A1.5015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. James Newcomb

Mailing Address 1425 Princeton Ct.

City State Zip Code  
Allentown PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lehigh Valley Hospital doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2006

Transaction ID: SA11A1.5017

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

<b>A.</b> Full Name (Last, First, Middle Initial) Dr. Rajesh Patel		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2006
Mailing Address 300 E. 33rd St.		<b>Transaction ID:</b> SA11A1.5023
City State Zip Code New York NY 10016	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Beth Israel Medical Center doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Jerel Saito		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2006
Mailing Address 1300 Ala Pili Loop		<b>Transaction ID:</b> SA11A1.5035
City State Zip Code Honolulu HI 96818	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Radiology Associates doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dr. Robert Saltzman		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006
Mailing Address 12 W. Hannum Blvd.		<b>Transaction ID:</b> SA11A1.5037
City State Zip Code Saginaw MI 48602	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Occupation Covenant Healthcare Systems doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 33
	<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)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Frederick Schwab

Mailing Address 1701 N George Mason Dr

City Arlington State VA Zip Code 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Virginia Hospital Center Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2006

Transaction ID: SA11A1.5043

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Coralli So

Mailing Address 244 West Newton St.  
#3

City Boston State MA Zip Code 02116

FEC ID number of contributing federal political committee. **C**

Name of Employer Melrose-Wakefield Hospital Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2006

Transaction ID: SA11A1.5045

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4135 Presidential Dr.

City Lafayette State PA Zip Code 19444

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospital of the University of Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 01 / 2006

Transaction ID: SA11A1.5046

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James Teal		Date of Receipt MM / DD / YYYY 07 / 29 / 2006
Mailing Address 2041 Georgia Ave.		<b>Transaction ID:</b> SA11A1.5054
City Washington Dc	State DC	Zip Code 20060
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 250.00
Name of Employer Howard University Hospital	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. John Thomas		Date of Receipt MM / DD / YYYY 09 / 21 / 2006
Mailing Address 4 Vineyard Dr.		<b>Transaction ID:</b> SA11A1.5056
City San Antonio	State TX	Zip Code 78257
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer South Texas Radiology Group	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b> DR. Thomas Thompson		Date of Receipt MM / DD / YYYY 08 / 31 / 2006
Mailing Address 35 Mason St.		<b>Transaction ID:</b> SA11A1.5057
City Geneva	State NY	Zip Code 14456
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 500.00
Name of Employer Geneva General Hospital	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> 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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Terry Tomlinson

Mailing Address 106 Spirea Drive

City State Zip Code  
 Dayton OH 45419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Miami Valley Hospital doctor

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 01 / 2006

**Transaction ID: SA11A1.5059**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. John Tonkin

Mailing Address PO Box 48

City State Zip Code  
 Daytona Beach FL 32115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Radiology Associates doctor

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 21 / 2006

**Transaction ID: SA11A1.5060**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Jamie Toro

Mailing Address 6123 Wildcat Run

City State Zip Code  
 West Palm Beach FL 33412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Gardens Radiology Associates doctor

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

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2006

**Transaction ID: SA11A1.5061**

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 18 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Mitchell Weiss

Mailing Address 204 Hancock Court

City State Zip Code  
 Safety Harbor FL 34695

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Morton Plant Hospital doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 26 / 2006

**Transaction ID:** SA11A1.5065

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Terrence Wilkin

Mailing Address 2650 Ridge Ave.

City State Zip Code  
 Evanston IL 60201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Evanston Hospital doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 28 / 2006

**Transaction ID:** SA11A1.5068

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Gerhard Wittich

Mailing Address 4000 Spencer Highway

City State Zip Code  
 Pasadena TX 77504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Gulf Imaging Associates doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 05 / 2006

**Transaction ID:** SA11A1.5070

Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 19 / 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Dr. Daniel Wunder</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2006	
Mailing Address 110 Meadowpointe East		<b>Transaction ID: SA11A1.5072</b>	
City State Zip Code Hendersonville TN 37075	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Skyline Medical Center	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. Dominic Carl Yee</b>		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 4550 Cherry Creek South Dr.		<b>Transaction ID: SA11A1.5073</b>	
City State Zip Code Denver CO 80246	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Radiology Imaging Associa- ties	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Dr. Craig Yokley</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 26 / 2006	
Mailing Address 108 North River Dr.		<b>Transaction ID: SA11A1.5076</b>	
City State Zip Code St. Augustine FL 32095	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Swedish Covenant Hospital	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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 20 / 33
	<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)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Craig Yokley		Date of Receipt M M / D D / Y Y Y Y Y 08 / 28 / 2006	
Mailing Address 108 North River Dr.		Transaction ID: SA11A1.5077	
City State Zip Code St. Augustine FL 32095	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Swedish Covenant Hospital	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Craig Yokley		Date of Receipt M M / D D / Y Y Y Y Y 09 / 26 / 2006	
Mailing Address 108 North River Dr.		Transaction ID: SA11A1.5075	
City State Zip Code St. Augustine FL 32095	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Swedish Covenant Hospital	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Carol Younathan		Date of Receipt M M / D D / Y Y Y Y Y 07 / 09 / 2006	
Mailing Address 6716 NW 11th Pl		Transaction ID: SA11A1.5078	
City State Zip Code Gainesville FL 32605	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Diagnostic Imaging Center	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	14250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. ANNA ESHOO FOR CONGRESS</b>		<b>Transaction ID: SB23.5154</b> Date of Disbursement
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Sacramento	State CA	Zip Code 95814
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name ANNA ESHOO FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: CA	District: 14	

Full Name (Last, First, Middle Initial) <b>B. BASS VICTORY COMMITTEE</b>		<b>Transaction ID: SB23.5102</b> Date of Disbursement
Mailing Address PO Box 3451 PO Box 3451		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Concord	State NH	Zip Code 03302
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name BASS VICTORY COMMITTEE		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: NH	District: 02	

Full Name (Last, First, Middle Initial) <b>C. BEN CARDIN FOR SENATE</b>		<b>Transaction ID: SB23.5107</b> Date of Disbursement
Mailing Address P.O. BOX 21093		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City CATONSVILLE	State MD	Zip Code 21228
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name BEN CARDIN FOR SENATE		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
State: MD	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 22 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. BERKLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.5132</b> Date of Disbursement
Mailing Address 3069 Conquista Court		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Las Vegas	State NV	Zip Code 89121
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name BERKLEY FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV	District: 01	

Full Name (Last, First, Middle Initial) <b>B. BOYD FOR CONGRESS</b>		<b>Transaction ID: SB23.5144</b> Date of Disbursement
Mailing Address P.O. Box 15703 P.O. Box 15703		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Tallahassee	State FL	Zip Code 32317
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name BOYD FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL	District: 02	

Full Name (Last, First, Middle Initial) <b>C. CHARLES A GONZALEZ CONG CAMPAIGN</b>		<b>Transaction ID: SB23.5104</b> Date of Disbursement
Mailing Address PO Box 12612		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City San Antonio	State TX	Zip Code 78212
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name CHARLES A GONZALEZ CONG CAMPAIGN		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 20	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 23 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. CHARLES BOUSTANY JR MD FOR CONGRESS</b>		<b>Transaction ID: SB23.5178</b> Date of Disbursement
Mailing Address Post Office Box 80126		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Lafayette	State LA	Zip Code 70598
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name CHARLES BOUSTANY JR MD FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR GILLMOR</b>		<b>Transaction ID: SB23.5138</b> Date of Disbursement
Mailing Address P.O. Box 150		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Old Fort	State OH	Zip Code 44861
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name CITIZENS FOR GILLMOR		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 05	

Full Name (Last, First, Middle Initial) <b>C. CUBIN FOR CONGRESS INC</b>		<b>Transaction ID: SB23.5128</b> Date of Disbursement
Mailing Address POST OFFICE BOX 4657 P O BOX 4657		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City CASPER	State WY	Zip Code 82604
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name CUBIN FOR CONGRESS INC		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WY	District: 01	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 24 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. DAVE CAMP FOR CONGRESS 2006</b>		<b>Transaction ID: SB23.5100</b> Date of Disbursement
Mailing Address 5915 EASTMAN AVE. SUITE 100 5915 EASTMAN AVE. SUITE 100		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City MIDLAND State MI Zip Code 48640	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name DAVE CAMP FOR CONGRESS 2006	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. DON PAYNE FOR CONGRESS</b>		<b>Transaction ID: SB23.5142</b> Date of Disbursement
Mailing Address P.O. Box 2406 P.O. Box 2406		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Newark State NJ Zip Code 07114	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name DON PAYNE FOR CONGRESS	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF DAVE WELDON</b>		<b>Transaction ID: SB23.5162</b> Date of Disbursement
Mailing Address PO Box 968		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2006"/>
City Melbourne State FL Zip Code 32902	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name FRIENDS OF DAVE WELDON	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF LOIS CAPP</b>		Transaction ID: SB23.5152 Date of Disbursement																					
Mailing Address PO Box 23940		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City Santa Barbara	State CA	Zip Code 93121	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	1000.00																				
Candidate Name FRIENDS OF LOIS CAPP		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: CA	District: 23																						

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF MIKE FERGUSON</b>		Transaction ID: SB23.5148 Date of Disbursement																					
Mailing Address c/o Ron Gravino P.O. Box 225		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		2	6		2	0	0	6														
City Colonia	State NJ	Zip Code 07067	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	1000.00																				
Candidate Name FRIENDS OF MIKE FERGUSON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NJ	District: 07																						

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF SAM JOHNSON</b>		Transaction ID: SB23.5134 Date of Disbursement																					
Mailing Address 1611 Avenue K		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	5		2	0	0	6														
City Plano	State TX	Zip Code 75074	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="checkbox"/>	1000.00																				
Candidate Name FRIENDS OF SAM JOHNSON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 03																						

<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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. GENE GREEN CONGRESSIONAL CAMPAIGN</b>		<b>Transaction ID:</b> SB23.5130 Date of Disbursement
Mailing Address PO BOX 16128		<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HOUSTON	State TX	Zip Code 77222
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name GENE GREEN CONGRESSIONAL CAMPAIGN		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: TX	District: 29	

Full Name (Last, First, Middle Initial) <b>B. GEOFF DAVIS FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5156 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F		<input type="text" value="09"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Erlanger	State KY	Zip Code 41018
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name GEOFF DAVIS FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: KY	District: 04	

Full Name (Last, First, Middle Initial) <b>C. GINGREY FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5160 Date of Disbursement
Mailing Address PO Box U		<input type="text" value="09"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name GINGREY FOR CONGRESS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: GA	District: 11	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 27 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. HALL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5164</b> Date of Disbursement
Mailing Address POST OFFICE BOX 711		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2006"/>
City ROCKWALL	State TX	Zip Code 75087
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name HALL FOR CONGRESS COMMITTEE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TX	District: 04	

Full Name (Last, First, Middle Initial) <b>B. JERRY WELLER FOR CONGRESS INC.</b>		<b>Transaction ID: SB23.5109</b> Date of Disbursement
Mailing Address P.O. Box 2368		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Joliet	State IL	Zip Code 60434
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JERRY WELLER FOR CONGRESS INC.		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 11	

Full Name (Last, First, Middle Initial) <b>C. JIM RAMSTAD VOLUNTEER COMMITTEE</b>		<b>Transaction ID: SB23.5096</b> Date of Disbursement
Mailing Address 1809 Plymouth Road South #310 1809 Plymouth Road South #310		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Minnetonka	State MN	Zip Code 55305
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name JIM RAMSTAD VOLUNTEER COMMITTEE		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 03	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 28 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. JOHN D. DINGELL FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5088</b> Date of Disbursement
Mailing Address 607 14th Street N.W. Suite 800		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2006"/>
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI	District: 15	

Full Name (Last, First, Middle Initial) <b>B. JOHNSON FOR CONGRESS COMMITTEE</b>		<b>Transaction ID: SB23.5117</b> Date of Disbursement
Mailing Address P.O. Box 1986		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City New Britain	State CT	Zip Code 06050
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name JOHNSON FOR CONGRESS COMMITTEE		<input type="text" value="5000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District: 05	

Full Name (Last, First, Middle Initial) <b>C. JON KYL FOR U S SENATE</b>		<b>Transaction ID: SB23.5126</b> Date of Disbursement
Mailing Address PO BOX 10246		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City PHOENIX	State AZ	Zip Code 85064
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name JON KYL FOR U S SENATE		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="7000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 29 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. LOT OF PEOPLE FOR DAVE OBEY</b>		<b>Transaction ID: SB23.5098</b> Date of Disbursement
Mailing Address 525 WASHINGTON ST PO BOX 1322		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name LOT OF PEOPLE FOR DAVE OBEY	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. MCNULTY FOR CONGRESS</b>		<b>Transaction ID: SB23.5094</b> Date of Disbursement
Mailing Address P.O. Box 1560		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Green Island State NY Zip Code 12183	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MCNULTY FOR CONGRESS	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 21	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. MIKE DEWINE FOR US SENATE</b>		<b>Transaction ID: SB23.5136</b> Date of Disbursement
Mailing Address PO BOX 340188		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City COLUMBUS State OH Zip Code 43234	Purpose of Disbursement	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MIKE DEWINE FOR US SENATE	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

**A. MIKE ROSS FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 360

City Prescott State AR Zip Code 71857

Purpose of Disbursement

Candidate Name  
MIKE ROSS FOR CONGRESS COMMITTEE

Office Sought:  House  
 Senate  
 President

State: AR District: 04

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.5111**

Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

**B. NATHAN DEAL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 902  
PO BOX 902

City GAINESVILLE State GA Zip Code 30503

Purpose of Disbursement

Candidate Name  
NATHAN DEAL FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: GA District: 09

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.5091**

Date of Disbursement

07 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

**C. NORWOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 499  
PO BOX 499

City Evans State GA Zip Code 30809

Purpose of Disbursement

Candidate Name  
NORWOOD FOR CONGRESS

Office Sought:  House  
 Senate  
 President

State: GA District: 10

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

**Transaction ID: SB23.5146**

Date of Disbursement

09 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 33

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. PEOPLE FOR ENGLISH</b>		<b>Transaction ID:</b> SB23.5118 Date of Disbursement
Mailing Address PO BOX 1940		<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City ERIE	State PA	Zip Code 16507
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PEOPLE FOR ENGLISH		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA	District: 03	

Full Name (Last, First, Middle Initial) <b>B. PICKERING FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5140 Date of Disbursement
Mailing Address P.O. Box 4297		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Brandon	State MS	Zip Code 39047
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PICKERING FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS	District: 03	

Full Name (Last, First, Middle Initial) <b>C. PRICE FOR CONGRESS</b>		<b>Transaction ID:</b> SB23.5106 Date of Disbursement
Mailing Address P.O. Box 425		<input type="text" value="09"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Roswell	State GA	Zip Code 30077
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PRICE FOR CONGRESS		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. RICK RENZI FOR CONGRESS</b>		<b>Transaction ID: SB23.5158</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 1000.00
City Prescott State AZ Zip Code 86302		
Purpose of Disbursement	Category/Type	
Candidate Name RICK RENZI FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROGERS FOR CONGRESS</b>		<b>Transaction ID: SB23.5122</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address Post Office Box 581 Post Office Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116		
Purpose of Disbursement	Category/Type	
Candidate Name ROGERS FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TAMMY BALDWIN FOR CONGRESS</b>		<b>Transaction ID: SB23.5120</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 696		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53701		
Purpose of Disbursement	Category/Type	
Candidate Name TAMMY BALDWIN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. THELMA DRAKE FOR CONGRESS</b>		<b>Transaction ID: SB23.5115</b>																					
Mailing Address P.O. Box 61480		Date of Disbursement																					
City Virginia Beach State VA Zip Code 23466		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name THELMA DRAKE FOR CONGRESS		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: VA District: 02		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

Full Name (Last, First, Middle Initial) <b>B. VOLUNTEERS FOR SHIMKUS</b>		<b>Transaction ID: SB23.5113</b>																					
Mailing Address P.O. Box 5458 PO BOX 5458		Date of Disbursement																					
City Springfield State IL Zip Code 62705		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		1	1		2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name VOLUNTEERS FOR SHIMKUS		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2006																					
State: IL District: 19		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

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

42000.00