

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 FAIRFAX VA 22033 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2006 through 10 18 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 25 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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	52706.21									
(c) Total Receipts (from Line 19)	2290.00	53384.57								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54996.21	104171.22								
7. Total Disbursements (from Line 31)	11000.00	60175.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43996.21	43996.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

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	1800.00	41060.00
(i) Itemized (use Schedule A)	490.00	12280.00
(ii) Unitemized	2290.00	53340.00
(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)	2290.00	53340.00
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.)	0.00	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))	2290.00	53384.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2290.00	53384.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	175.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	175.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	60000.00
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))..	11000.00	60175.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	11000.00	60175.01

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	2290.00	53340.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2290.00	53340.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	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)	0.00	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 / 11
	<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. Ricardo Barboza

Mailing Address 4633 Kingston Court

City State Zip Code
Columbus OH 43220

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

Name of Employer Occupation
Ohio State University doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: SA11A1.5193

Amount of Each Receipt this Period
250.00

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

Mailing Address 5145 N California Ave

City State Zip Code
Chicago IL 60625

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

Name of Employer Occupation
Swedish Covenant Hospital doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: SA11A1.5196

Amount of Each Receipt this Period
500.00

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

Mailing Address 640 Jackson Street

City State Zip Code
St. Paul MN 55101

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

Name of Employer Occupation
Regions 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
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.5195

Amount of Each Receipt this Period
250.00

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 7 / 11
	<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) A. Dr. Gregory Gordon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 1 / 2 0 0 6	
Mailing Address 4401 Wornall Rd.		Transaction ID: SA11A1.5197	
City State Zip Code Kansas City MO 64111	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Luke's 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. Dr. Bryan Grieme		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 5 / 2 0 0 6	
Mailing Address PO Drawer 2450		Transaction ID: SA11A1.5188	
City State Zip Code Thomasville GA 31799	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Radiology Associates of Thomas	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) C. Dr. George Khoriaty		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 6 / 2 0 0 6	
Mailing Address 4105 Georges Way		Transaction ID: SA11A1.5192	
City State Zip Code Boca Raton FL 33434	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Boca Raton Community Hospital	Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	1800.00

**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)

<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) A. COMMITTEE TO RE-ELECT ED TOWNS		Transaction ID: SB23.5234 Date of Disbursement
Mailing Address 286 Highland Blvd.		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Brooklyn	State NY	Zip Code 11207
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name COMMITTEE TO RE-ELECT ED TOWNS		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: NY	District: 10	

Full Name (Last, First, Middle Initial) B. CONGRESSMAN JOE BARTON COMMITTEE, THE		Transaction ID: SB23.5210 Date of Disbursement
Mailing Address P.O. Box 1444		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Ennis	State TX	Zip Code 75120
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name CONGRESSMAN JOE BARTON COMMITTEE, THE		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: 06	

Full Name (Last, First, Middle Initial) C. ENSIGN FOR SENATE		Transaction ID: SB23.5218 Date of Disbursement
Mailing Address PO BOX 26568		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City LAS VEGAS	State NV	Zip Code 89126
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name ENSIGN FOR SENATE		Category/ Type
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: NV	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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) A. FRIENDS OF JOHN PETERSON		Transaction ID: SB23.5212 Date of Disbursement
Mailing Address 114 W. State Street PO BOX 295		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Pleasantville	State PA	Zip Code 16341
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF JOHN PETERSON		<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: PA	District: 05	

Full Name (Last, First, Middle Initial) B. FRIENDS OF MAURICE HINCHEY		Transaction ID: SB23.5224 Date of Disbursement
Mailing Address PO Box 4497		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City Kingston	State NY	Zip Code 12402
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name FRIENDS OF MAURICE HINCHEY		<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: NY	District: 22	

Full Name (Last, First, Middle Initial) C. HATCH ELECTION COMMITTEE INC		Transaction ID: SB23.5216 Date of Disbursement
Mailing Address 175 SOUTH WEST TEMPLE SUITE 650		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2006"/>
City SALT LAKE CITY	State UT	Zip Code 84101
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name HATCH ELECTION COMMITTEE INC		<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: UT	District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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 10 / 11

<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) A. INSLEE FOR CONGRESS		Transaction ID: SB23.5207 Date of Disbursement
Mailing Address PO Box 33027		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Seattle	State WA	Zip Code 98133
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name INSLEE 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: WA	District: 01	

Full Name (Last, First, Middle Initial) B. MCHENRY FOR CONGRESS		Transaction ID: SB23.5226 Date of Disbursement
Mailing Address PO BOX 1406		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City HICKORY	State NC	Zip Code 28603
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name MCHENRY 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: NC	District: 10	

Full Name (Last, First, Middle Initial) C. PALLONE FOR SENATE		Transaction ID: SB23.5220 Date of Disbursement
Mailing Address PO BOX 3037		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City LONG BRANCH	State NJ	Zip Code 07740
Purpose of Disbursement		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Candidate Name PALLONE FOR SENATE		Category/ Type
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: NJ	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL 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) A. REGULA FOR CONGRESS COMMITTEE		Transaction ID: SB23.5228 Date of Disbursement
Mailing Address 228 S. Washington St. Ste. 115		<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name REGULA FOR CONGRESS 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: OH	District: 16	

Full Name (Last, First, Middle Initial) B. SUE MYRICK FOR CONGRESS		Transaction ID: SB23.5214 Date of Disbursement
Mailing Address P.O. Box 37091		<input type="text" value="10"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Charlotte	State NC	Zip Code 28237
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name SUE MYRICK 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: NC	District: 09	

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)