

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2011"/> | | 139631.64 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 135682.01 | |
| (c) Total Receipts (from Line 19) | 25973.79 | 42235.80 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 161655.80 | 181867.44 |
| 7. Total Disbursements (from Line 31)..... | 104.78 | 20316.42 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 161551.02 | 161551.02 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 18200.00 | 31166.00 |
| (ii) Unitemized | 7723.00 | 10918.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 25923.00 | 42084.00 |
| (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) | 25923.00 | 42084.00 |
| 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.)..... | 50.79 | 151.80 |
| 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 Transfers (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))..... ▶ | 25973.79 | 42235.80 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 25973.79 | 42235.80 |

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) Allocated 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 | 104.78 | 316.42 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 104.78 | 316.42 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 20000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (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) Allocated 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)) .. | 104.78 | 20316.42 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 104.78 | 20316.42 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 25923.00 | 42084.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 25923.00 | 42084.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 104.78 | 316.42 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 104.78 | 316.42 |

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Stephen Abedon
 Full Name (Last, First, Middle Initial)
 Mailing Address 1900 Sullivan Ave.
 City State Zip Code
 Daly City CA 94015
 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 M / D D D / Y Y Y Y Y Y
 09 / 21 / 2011
Transaction ID : SA11AI.7429
 Amount of Each Receipt this Period
 250.00

B. Dr. Steven Amberson
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 Professional Drive
 City State Zip Code
 Scarborough ME 04074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Spectrum Medical Group doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7312
 Amount of Each Receipt this Period
 500.00

C. Dr. Stuart Braverman
 Full Name (Last, First, Middle Initial)
 Mailing Address 232 Constance Ln.
 City State Zip Code
 Santa Barbara CA 93105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pueblo Radiology Medical Group doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : SA11AI.7352
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lynn Brody
 Full Name (Last, First, Middle Initial)
 Mailing Address 1275 York Avenue
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Memorial Sloan-Kettering Cance Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2011
Transaction ID : SA11AI.7305
 Amount of Each Receipt this Period 250.00

B. Stephen D Brown
 Full Name (Last, First, Middle Initial)
 Mailing Address 3635 N 250 W
 City Provo State UT Zip Code 84604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Valley Regional Medical C Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 11 / 2011
Transaction ID : SA11AI.7282
 Amount of Each Receipt this Period 250.00

C. Lawrence C Calabrese
 Full Name (Last, First, Middle Initial)
 Mailing Address 8394 Prestwick Dr
 City Manlius State NY Zip Code 13104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Joseph's Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2011
Transaction ID : SA11AI.7343
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 25
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 11a 11b 11c 12
 13 14 15 16 17

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

A. Paioj S Chang
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 East Dixie Ave.
 Suite 104
 City Leesburg State FL Zip Code 34748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates Of Centra Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2011
Transaction ID : SA11AI.7293
 Amount of Each Receipt this Period
 250.00

B. Dr. George Edmonson
 Full Name (Last, First, Middle Initial)
 Mailing Address 640 Jackson Street
 City St. Paul State MN Zip Code 55101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Regions Hospital Occupation doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 29 / 2011
Transaction ID : SA11AI.7387
 Amount of Each Receipt this Period
 250.00

C. Dr. George Erbacher
 Full Name (Last, First, Middle Initial)
 Mailing Address 3211 W. 73rd St.
 City Tulsa State OK Zip Code 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
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.7431
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 25 |
| <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. Thomas Fischbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 50600 Fox Trail
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Incorporated Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 27 / 2011**
Transaction ID : SA11AI.7379
 Amount of Each Receipt this Period **250.00**

B. Christopher French
 Full Name (Last, First, Middle Initial)
 Mailing Address W171 N5445 Autumn View Ln
 City Menomonee State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MILWAUKEE RADIOLOGISTS LTD. Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 01 / 2011**
Transaction ID : SA11AI.7313
 Amount of Each Receipt this Period **250.00**

C. William Gallmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 447 Regency Blvd
 City Shreveport State LA Zip Code 71106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Schumpert Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 01 / 2011**
Transaction ID : SA11AI.7396
 Amount of Each Receipt this Period **250.00**

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 10 OF 25 |
| | (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"/> 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. Monte Golditch | | | Date of Receipt MM / DD / YYYY 08 / 29 / 2011 |
| Mailing Address 7 Broadmoor Ave. | | | Transaction ID : SA11AI.7384 |
| City Colorado Springs | State CO | Zip Code 80906 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | |
| 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 ▼ 300.00 | | |

| | | | |
|---|-------------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Gerald W Growcock | | | Date of Receipt MM / DD / YYYY 08 / 10 / 2011 |
| Mailing Address P.O. Box 29441 | | | Transaction ID : SA11AI.7324 |
| City San Antonio | State TX | Zip Code 78229 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer South Texas Radiology Group, P | Occupation Physician | | |
| 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) C. Dr. Colleen Harker | | | Date of Receipt MM / DD / YYYY 09 / 29 / 2011 |
| Mailing Address 1588 Yale Ave. | | | Transaction ID : SA11AI.7435 |
| City Salt Lake City | State UT | Zip Code 84105 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer LDS Hospital | Occupation doctor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

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

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

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

FOR LINE NUMBER: PAGE 11 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. D. Daniel Hassell

Mailing Address 1317 N Elm St
 Suite 1B

City Greensboro State NC Zip Code 27401

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

Name of Employer Greensboro Radiology, PA Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2011

Transaction ID : SA11AI.7278

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Brent Herbel

Mailing Address PO Box 6341

City Grand Forks State ND Zip Code 58206

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

Name of Employer Altru Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2011

Transaction ID : SA11AI.7402

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
c. David Hertzog

Mailing Address 655 Friar Dr.

City Yardley State PA Zip Code 19067

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

Name of Employer Albert Einstein Medical Center Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2011

Transaction ID : SA11AI.7252

Amount of Each Receipt this Period
 250.00

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Dr. Samuel Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 Houndsfield Drive
 City Florence State SC Zip Code 29506
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McLeod Regional Medical Center Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 08 / 2011
Transaction ID : SA11AI.7413
 Amount of Each Receipt this Period 250.00

B. Dr. William Thomas Jacoby
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 N. Dobson Road Unit 35
 City Chandler State AZ Zip Code 85224
 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 08 / 22 / 2011
Transaction ID : SA11AI.7361
 Amount of Each Receipt this Period 250.00

C. Dr. Chirstopher Kowalski
 Full Name (Last, First, Middle Initial)
 Mailing Address 10608 Callander Court
 City Fort Wayne State IN Zip Code 46814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit Radiology Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt 09 / 28 / 2011
Transaction ID : SA11AI.7433
 Amount of Each Receipt this Period 250.00

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 750.00 |
| TOTAL This Period (last page this line number only)..... | |

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

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

FOR LINE NUMBER: PAGE 13 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Anthony Kudirka
 Full Name (Last, First, Middle Initial)
 Mailing Address 1700 Hickory Valley Rd.
 City Milford State MI Zip Code 48380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Clemens Regional Medical Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 15 / 2011
Transaction ID : SA11AI.7419
 Amount of Each Receipt this Period
 250.00

B. David C LoPresti
 Full Name (Last, First, Middle Initial)
 Mailing Address 19813 N 97th St
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vascular Interventional Physic Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 08 / 2011
Transaction ID : SA11AI.7271
 Amount of Each Receipt this Period
 250.00

C. Louis Lucas
 Full Name (Last, First, Middle Initial)
 Mailing Address 77 Nottingham Drive
 City Jackson State TN Zip Code 38305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson-Madison County General Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.7362
 Amount of Each Receipt this Period
 500.00

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) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 25 |
| <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. Dr. Charles Martin
Full Name (Last, First, Middle Initial)

Mailing Address 425 Old Morris Rd.

| | | |
|----------------------|-------------|-------------------|
| City Harleysville | State PA | Zip Code 19438 |
|----------------------|-------------|-------------------|

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

| | |
|---|----------------------|
| Name of Employer Grand View Hospital | Occupation doctor |
|---|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 30 | / | 2011 |

Transaction ID : SA11AI.7389

Amount of Each Receipt this Period
250.00

B. Dr. Carl Martino
Full Name (Last, First, Middle Initial)

Mailing Address 1351 Briarhill Dr.

| | | |
|---------------|-------------|-------------------|
| City Akron | State OH | Zip Code 44333 |
|---------------|-------------|-------------------|

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

| | |
|--|----------------------|
| Name of Employer Akron General Medical Center | Occupation doctor |
|--|----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 11 | / | 2011 |

Transaction ID : SA11AI.7329

Amount of Each Receipt this Period
250.00

C. James McGuckin Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 585 County Line Road

| | | |
|----------------|-------------|-------------------|
| City Radnor | State PA | Zip Code 19087 |
|----------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Philadelphia Vascular Institut | Occupation Physician |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 06 | / | 2011 |

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period
250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 25 |
| | <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. Dr. John McGue
Full Name (Last, First, Middle Initial)
Mailing Address 3768 W. Pawnee Dr.
City LaPorte State IN Zip Code 46350
FEC ID number of contributing federal political committee. **C**
Name of Employer LaPorte Radiology Inc 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 Y Y
07 / 16 / 2011
Transaction ID : SA11AI.7298
Amount of Each Receipt this Period
250.00

B. J. Laird McMullen
Full Name (Last, First, Middle Initial)
Mailing Address 1771 Heim Road
City Mount Dora State FL Zip Code 32757
FEC ID number of contributing federal political committee. **C**
Name of Employer Lake Medical Imaging Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2011
Transaction ID : SA11AI.7292
Amount of Each Receipt this Period
250.00

C. Dr. James Newcomb
Full Name (Last, First, Middle Initial)
Mailing Address 1425 Princeton Ct.
City Allentown State PA Zip Code 18104
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehigh Valley Hospital 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 Y Y
08 / 24 / 2011
Transaction ID : SA11AI.7370
Amount of Each Receipt this Period
250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 25 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <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. Oliver D. Ochs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2147 E. Hamlin
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radia Business Office Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 15 / 2011**
Transaction ID : SA11AI.7336
 Amount of Each Receipt this Period **500.00**

B. Sanjiv R. Parikh
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 17th Avenue
 City Seattle State WA Zip Code 98122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Providence Campus Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 11 / 2011**
Transaction ID : SA11AI.7281
 Amount of Each Receipt this Period **250.00**

C. Dr. Mahrad Paymani
 Full Name (Last, First, Middle Initial)
 Mailing Address 7635 Frog Log Lane
 City Leesburg State FL Zip Code 34748
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Radiology Associates of Centra Occupation doctor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **07 / 13 / 2011**
Transaction ID : SA11AI.7291
 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Steven Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1745 Wazee St.
 City State Zip Code
 Denver CO 80202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Advanced Medical Imaging Consu doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7311
 Amount of Each Receipt this Period
 500.00

B. Dr. David Porter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1067 S. Gilpin St.
 City State Zip Code
 Denver CO 80209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Radiology Imaging Associates doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 11 / 2011
Transaction ID : SA11AI.7284
 Amount of Each Receipt this Period
 250.00

C. Dr. Samuel Putnam
 Full Name (Last, First, Middle Initial)
 Mailing Address 1012 Walsh Lane
 City State Zip Code
 Penn Valley PA 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fox Chase Cancer Center doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 23 / 2011
Transaction ID : SA11AI.7430
 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) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 25 |
| | <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. David Riggins
Full Name (Last, First, Middle Initial)

Mailing Address 3692 El Cordero Ranch Springs Road

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| Augusta | GA | 30907 |

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

| | |
|-------------------------------|------------|
| Name of Employer | Occupation |
| Vascular Radiology Associates | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 15 | / | 2011 |

Transaction ID : SA11AI.7297

Amount of Each Receipt this Period
250.00

B. Jeffrey Ross
Full Name (Last, First, Middle Initial)

Mailing Address 2615 Trevor Lane

| | | |
|------------------|-------|----------|
| City | State | Zip Code |
| Colorado Springs | CO | 80919 |

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

| | |
|-------------------------------|------------|
| Name of Employer | Occupation |
| Colorado Springs Radiologists | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 10 | / | 2011 |

Transaction ID : SA11AI.7276

Amount of Each Receipt this Period
250.00

C. Robert J Schmall
Full Name (Last, First, Middle Initial)

Mailing Address 5025 Deer View Road

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| Cedar Rapids | IA | 52411 |

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

| | |
|-------------------------------|------------|
| Name of Employer | Occupation |
| Radiology Consultants of Iowa | Physician |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 14 | / | 2011 |

Transaction ID : SA11AI.7333

Amount of Each Receipt this Period
500.00

| | |
|--|---------|
| 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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 25
(check only one)

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

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

A. Marc S Schwartzberg
Full Name (Last, First, Middle Initial)
Mailing Address 1055 Ceasars Court
City Mount Dora State FL Zip Code 32757
FEC ID number of contributing federal political committee. **C**
Name of Employer Radiology Associates of Centra Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2011
Transaction ID : SA11AI.7290
Amount of Each Receipt this Period 250.00

B. Suken H Shah
Full Name (Last, First, Middle Initial)
Mailing Address 2 Jewel Ct
City Montville State NJ Zip Code 07045-9443
FEC ID number of contributing federal political committee. **C**
Name of Employer Newark Beth Israel Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2011
Transaction ID : SA11AI.7340
Amount of Each Receipt this Period 250.00

C. Wales R Shao
Full Name (Last, First, Middle Initial)
Mailing Address 474 48th Avenue Apt 26B
City Long Island City State NY Zip Code 11109-5620
FEC ID number of contributing federal political committee. **C**
Name of Employer New York Hospital - Queen Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.7249
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 25
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Sadashiv Shenoy

Mailing Address 4488 E. Overlook Dr

City State Zip Code
Williamsville NY 14221

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

Name of Employer Occupation
Catholic Health Systems doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2011

Transaction ID : SA11AI.7260

Amount of Each Receipt this Period
250.00

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

Mailing Address 10326 County Rd.

City State Zip Code
Flint TX 75762

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

Name of Employer Occupation
Tyler Radiology Associates doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2011

Transaction ID : SA11AI.7285

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Sandy Shultz

Mailing Address 1021 Johnson St.

City State Zip Code
Key West FL 33040

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

Name of Employer Occupation
Radiology in Paradise Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2011

Transaction ID : SA11AI.7373

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

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

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

FOR LINE NUMBER: PAGE 21 OF 25
(check only one)

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

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

A. Dr. Ezequiel Silva
Full Name (Last, First, Middle Initial)
Mailing Address 422 Normandy Ave
City San Antonio State TX Zip Code 78209
FEC ID number of contributing federal political committee. **C**
Name of Employer South Texas Radiology Group Occupation doctor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 20 / 2011
Transaction ID : SA11AI.7355
Amount of Each Receipt this Period 250.00

B. Gregory Soares
Full Name (Last, First, Middle Initial)
Mailing Address 11 Robbins Drive
City Barrington State RI Zip Code 02806
FEC ID number of contributing federal political committee. **C**
Name of Employer RI Vascular Institute Occupation doctor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 08 / 15 / 2011
Transaction ID : SA11AI.7337
Amount of Each Receipt this Period 250.00

C. John Statler
Full Name (Last, First, Middle Initial)
Mailing Address 11112 Meadow Road
City Tacoma State WA Zip Code 98499
FEC ID number of contributing federal political committee. **C**
Name of Employer n/a Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.7246
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... **750.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 25 |
| | <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. John Stoll | | | Date of Receipt MM / DD / YYYY 08 / 10 / 2011 |
| Mailing Address 110 Cherokee Ln | | | Transaction ID : SA11AI.7326 |
| City San Antonio | State TX | Zip Code 78232 | Amount of Each Receipt this Period 1000.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Northeast Methodist Hospital D | Occupation doctor | | |
| 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. Dr. John Stoll | | | Date of Receipt MM / DD / YYYY 08 / 10 / 2011 |
| Mailing Address 110 Cherokee Ln | | | Transaction ID : SA11AI.7327 |
| City San Antonio | State TX | Zip Code 78232 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Northeast Methodist Hospital D | Occupation doctor | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1500.00 | | |

| | | | |
|---|------------------------------------|-------------------|---|
| Full Name (Last, First, Middle Initial) C. Dr. John JT Thomas | | | Date of Receipt MM / DD / YYYY 07 / 01 / 2011 |
| Mailing Address 13651 Treasure Trail Dr. | | | Transaction ID : SA11AI.7242 |
| City San Antonio | State TX | Zip Code 78232 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer South Texas Radiology Group | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 2000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 25 |
| | <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. Brandon S Tominna

Mailing Address 1535 Gull Road
Suite 200

City Kalamazoo State MI Zip Code 49048

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

Name of Employer Premier Radiology Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2011

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Jonathan Uy

Mailing Address 800 West Ave S

City La Crosse State WI Zip Code 54601

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

Name of Employer Franciscan Skemp Health Care Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2011

Transaction ID : SA11AI.7412

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Jamison L Wilson

Mailing Address 11332 Wilderness Trail

City Fishers State IN Zip Code 46038

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

Name of Employer Indiana University School of M Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2011

Transaction ID : SA11AI.7247

Amount of Each Receipt this Period
250.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 750.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 25 |
| | <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. Dr. Charles Yim
Full Name (Last, First, Middle Initial)

Mailing Address 5 Castlewall Ct.

City Lutherville Timoni State MD Zip Code 21093

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

Name of Employer Advanced Radiology Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 01 / 2011
Transaction ID : SA11AI.7310

Amount of Each Receipt this Period
 300.00

B. Dr. Carol Younathan
Full Name (Last, First, Middle Initial)

Mailing Address 6716 NW 11th Pl

City Gainesville State FL Zip Code 32605

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

Name of Employer Diagnostic Imaging Center Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2011
Transaction ID : SA11AI.7357

Amount of Each Receipt this Period
 250.00

C.
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 550.00 |
| TOTAL This Period (last page this line number only).....▶ | 18200.00 |

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input 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. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 15 / 2011

Transaction ID : SB21B.7239

Amount of Each Disbursement this Period

35.30

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2011

Transaction ID : SB21B.7240

Amount of Each Disbursement this Period

33.46

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2011

Transaction ID : SB21B.7241

Amount of Each Disbursement this Period

36.02

SUBTOTAL of Disbursements This Page (optional)..... ▶

104.78

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

104.78