

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 2008 through 09 30 2008

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 Doug Huynh

Signature of Treasurer Electronically Filed by Doug Huynh Date 10 15 2008

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

Office Use Only							
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		81098.86
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	81321.38									
(c) Total Receipts (from Line 19)	22635.79	43483.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	103957.17	124582.04								
7. Total Disbursements (from Line 31)	8552.87	29177.74								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95404.30	95404.30								
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
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	16470.00	30930.00
(i) Itemized (use Schedule A)	6155.00	12524.00
(ii) Unitemized	22625.00	43454.00
(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)	22625.00	43454.00
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.)	10.79	29.18
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))	22635.79	43483.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	22635.79	43483.18

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.....	52.87	177.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	52.87	177.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	8500.00	29000.00
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))..	8552.87	29177.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8552.87	29177.74

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)	22625.00	43454.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22625.00	43454.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	52.87	177.74
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	52.87	177.74

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 6 / 26
	<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) C. V. Alexander, Jr.		Date of Receipt MM / DD / YYYY 07 / 25 / 2008		
	Mailing Address PO Box 3459		Transaction ID: SA11AI.6136		
	City Jackson	State TN	Zip Code 38303	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer retired	Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Dr. Steven Amberson		Date of Receipt MM / DD / YYYY 08 / 13 / 2008		
	Mailing Address 300 Professional Drive		Transaction ID: SA11AI.6177		
	City Scarborough	State ME	Zip Code 04074	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Spectrum Medical Group	Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Dr. Curtis Bakal		Date of Receipt MM / DD / YYYY 07 / 03 / 2008		
	Mailing Address 920 Hardscrabble Rd		Transaction ID: SA11AI.6077		
	City Chappaqua	State NY	Zip Code 10514	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Medical and Dental	Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 7 / 26
	<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. Robert Binek		Date of Receipt	
	Mailing Address 40 Oakland Ave.		M M / D D / Y Y Y Y Y 08 / 14 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6178
	North Kingstown	RI	02852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Endovascular & Interventional		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Thomas Black		Date of Receipt	
	Mailing Address 2251 E. Vina Del Mar Blvd.		M M / D D / Y Y Y Y Y 07 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6072
	Saint Petersburg	FL	33706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Tampa General Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. John Briguglio		Date of Receipt	
	Mailing Address 555 N. Duke St.		M M / D D / Y Y Y Y Y 07 / 06 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6085
	Lancaster	PA	17602	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lancaster General Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 8 / 26
	<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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SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Dr. Joshua Brodtkin		Date of Receipt	
	Mailing Address 11 Woodglen Ln.		M M / D D / Y Y Y Y 07 / 01 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6067
	Voorhees	NJ	08043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer South Jersey Radiology As- socia		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. Lynn Brody		Date of Receipt	
	Mailing Address 1275 York Avenue		M M / D D / Y Y Y Y 09 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6200
	New York	NY	10021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Memorial Sloan-Kettering Cance		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Brian Bruening		Date of Receipt	
	Mailing Address 4005 24th Street		M M / D D / Y Y Y Y 08 / 01 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6161
	Lubbock	TX	79410	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Lubbock Diagnostic Radiol- ogy		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 9 / 26
	<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. Charles Burke		Date of Receipt	
	Mailing Address 245 Woodcreek Ct.		M M / D D / Y Y Y Y Y 07 / 11 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6101
	Chapel Hill	NC	27516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer University of North Carolina		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Dr. David Bynum		Date of Receipt	
	Mailing Address 14048 Mint Trail		M M / D D / Y Y Y Y Y 09 / 03 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6186
	San Antonio	TX	78232	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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 ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Margaret Chaffey		Date of Receipt	
	Mailing Address 5400 Gibbon Blvd. SE		M M / D D / Y Y Y Y Y 08 / 05 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6166
	Albuquerque	NM	87108	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		210.00	
Name of Employer Lovelace Medical Center		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		210.00		

SUBTOTAL of Receipts This Page (optional)	▶	710.00
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 10 / 26
	<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. Ronald Christianson		Date of Receipt
	Mailing Address 1867 Little Valley Ct		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 24 / 2008
	City	State	Zip Code
	De Pere	WI	54115
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6135
Name of Employer Aurora Baycare Medical Center		Occupation doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Mark Connaughton		Date of Receipt
	Mailing Address 118 Oxbow Rd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 01 / 2008
	City	State	Zip Code
	Wayland	MA	01778-1026
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6159
Name of Employer Emerson Hospital		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Robert Davis		Date of Receipt
	Mailing Address 6575 Sunburst Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 12 / 2008
	City	State	Zip Code
	Portage	MI	49024
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6102
Name of Employer Advanced Radiological Services		Occupation doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 26
(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. Full Name (Last, First, Middle Initial)
Dr. William Deeter

Mailing Address 14 Ryedale Ct.

City Greenville State SC Zip Code 29615

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

Name of Employer Greenville Radiology, PA Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 06 / 2008

Transaction ID: SA11AI.6086

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 Scottsdale State AZ Zip Code 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: 09 / 06 / 2008

Transaction ID: SA11AI.6192

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 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: 07 / 01 / 2008

Transaction ID: SA11AI.6068

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 12 / 26
	<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) Christopher French		Date of Receipt
	Mailing Address W171 N5445 Autumn View Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 11 / 2008
	City	State	Zip Code
	Menomonee	WI	53051
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6197
Name of Employer MILWAUKEE RADIOLOGISTS LT-D.		Occupation doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Charles Fulp, Jr.		Date of Receipt
	Mailing Address 988 Wescott Ln NE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 11 / 2008
	City	State	Zip Code
	Atlanta	GA	30319-4325
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6098
Name of Employer St. Joseph's Hospital of Atlan		Occupation physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Dr. Joseph Gerding		Date of Receipt
	Mailing Address 3141 N. Seminary Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2008
	City	State	Zip Code
	Chicago	IL	60657
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6193
Name of Employer UIC Medical Center		Occupation doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 26
(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.

Full Name (Last, First, Middle Initial)
Dr. Mark Girard

Mailing Address 3 Crown Way

City State Zip Code
Marblehead MA 01945

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

Name of Employer Occupation
North Shore Medical Center doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 01 / 2008

Transaction ID: SA11AI.6066

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Dr. Monte Golditch

Mailing Address 7 Broadmoor Ave.

City State Zip Code
Colorado Springs CO 80906

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

Name of Employer Occupation
Memorial Hospital doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 18 / 2008

Transaction ID: SA11AI.6120

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Dr. Gregory Gordon

Mailing Address 4401 Wornall Rd.

City State Zip Code
Kansas City MO 64111

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

Name of Employer Occupation
St. Luke's Hospital doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2008

Transaction ID: SA11AI.6190

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 26
	<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) Richard Haas	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address George 2/593 Eddy Street	Transaction ID: SA11AI.6091
	City Providence State RI Zip Code 02902-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Rhode Island Hospital Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Neil Halin	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 750 Washington St # 253	Transaction ID: SA11AI.6076
	City Boston State MA Zip Code 02111	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer New England 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	

C.	Full Name (Last, First, Middle Initial) Dr. Noel Haskins	Date of Receipt MM / DD / YYYY 07 / 02 / 2008
	Mailing Address 200 Myrtle Drive	Transaction ID: SA11AI.6070
	City Thomasville State GA Zip Code 31792	Amount of Each Receipt this Period 250.00
	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 ▼ 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 / 26
	<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) Brent Herbel		Date of Receipt	
	Mailing Address PO Box 6341		M M / D D / Y Y Y Y 07 / 14 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6108
	Grand Forks	ND	58206	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Altru 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.	Full Name (Last, First, Middle Initial) David Hertzog		Date of Receipt	
	Mailing Address 655 Friar Dr.		M M / D D / Y Y Y Y 07 / 19 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6121
	Yardley	PA	19067	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Albert Einstein Medical Center		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Hull		Date of Receipt	
	Mailing Address 2651 Radnor PI		M M / D D / Y Y Y Y 08 / 03 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6164
	Midlothian	VA	23113	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Chippenham 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		

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 / 26
	<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) Subbarao Inampudi		Date of Receipt	
	Mailing Address 11571 Cedar Pass		M M / D D / Y Y Y Y 07 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6111
	Hopkins	MN	55305	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Abbott Northwestern Hospital		Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) Dr. William Thomas Jacoby		Date of Receipt	
	Mailing Address 700 N. Dobson Road Unit 35		M M / D D / Y Y Y Y 07 / 21 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6125
	Chandler	AZ	85224	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Associated Radiologists		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Benjamin Kassanoff		Date of Receipt	
	Mailing Address 12700 Park Central Dr.		M M / D D / Y Y Y Y 08 / 11 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6175
	Dallas	TX	75251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		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		

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 17 / 26
	<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. Stephen Kelminson	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 524 Woodland Road Ext.	Transaction ID: SA11AI.6144
	City State Zip Code Edgeworth PA 15143	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington Hospital doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Christopher Kowalski	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 10608 Callander Court	Transaction ID: SA11AI.6124
	City State Zip Code Fort Wayne IN 46814	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Summit Radiology doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Naveen Kumar	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 62 Grande Paseo	Transaction ID: SA11AI.6212
	City State Zip Code San Rafael CA 94903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UCSF physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 18 / 26
(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.

Full Name (Last, First, Middle Initial)
P. Wes Lewis

Mailing Address 15830 Ponderosa Drive

City State Zip Code
Catlettsburg KY 41129

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

Name of Employer Kings Daughters Medical Center
Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2008

Transaction ID: SA11AI.6170

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Shekher Maddineni

Mailing Address 14 Walden Hill

City State Zip Code
Chappaqua NY 10514

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

Name of Employer Westchester Medical Center
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: SA11AI.6133

Amount of Each Receipt this Period
210.00

C.

Full Name (Last, First, Middle Initial)
Dr. Mylon Marshall

Mailing Address 2201 Lassen Pl.

City State Zip Code
Davis CA 95616

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

Name of Employer Radiological Associates of Sac
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2008

Transaction ID: SA11AI.6132

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **710.00**

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 / 26
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Charles Martin		Date of Receipt MM / DD / YYYY 08 / 12 / 2008		
	Mailing Address 425 Old Morris Rd.		Transaction ID: SA11AI.6176		
	City Harleysville	State PA	Zip Code 19438	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Grand View 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.	Full Name (Last, First, Middle Initial) Michael Mastromatteo		Date of Receipt MM / DD / YYYY 07 / 15 / 2008		
	Mailing Address 50 B St Unit 4		Transaction ID: SA11AI.6109		
	City Boston	State MA	Zip Code 02127	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Commonwealth Radiology As- socio	Occupation physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Vance McCollom		Date of Receipt MM / DD / YYYY 07 / 09 / 2008		
	Mailing Address 4300 W. Memorial Rd		Transaction ID: SA11AI.6096		
	City Oklahoma City	State OK	Zip Code 73120	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Mercy Health Center	Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 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 20 / 26		
	<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

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

A.	Full Name (Last, First, Middle Initial) Gwen Nazarian			Date of Receipt MM / DD / YYYY 07 / 29 / 2008		
	Mailing Address 1221 Nicollet Mall Suite 600			Transaction ID: SA11AI.6141		
	City Minneapolis	State MN	Zip Code 55403	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Abbott Northwestern Hospital		Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

B.	Full Name (Last, First, Middle Initial) Dr. Evan Oblonsky			Date of Receipt MM / DD / YYYY 09 / 05 / 2008		
	Mailing Address 2521 Audrey Ln.			Transaction ID: SA11AI.6191		
	City Northbrook	State IL	Zip Code 60062	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer NORTHWEST COMMUNITY HOSPITAL		Occupation doctor	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

C.	Full Name (Last, First, Middle Initial) Cynthia Payne			Date of Receipt MM / DD / YYYY 09 / 24 / 2008		
	Mailing Address 4020 West Chase Blvd. Ste. 350			Transaction ID: SA11AI.6208		
	City Raleigh	State NC	Zip Code 27707	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Raleigh Radiology		Occupation physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

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 21 / 26
	<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. Kenneth Robbins		Date of Receipt																					
	Mailing Address 9601 Lile Dr Ste 1100		<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>7</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	2		2	0	0	8														
	City State Zip Code Little Rock AR 72205		Transaction ID: SA11AI.6073																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Radiology Consultants Occupation doctor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Michael Rosenberg		Date of Receipt																					
	Mailing Address 4187 Amber Leaf Trail		<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>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	4		2	0	0	8														
	City State Zip Code Saint Paul MN 55123		Transaction ID: SA11AI.6199																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer St. Paul Radiology Occupation doctor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Robert Saltzman		Date of Receipt																					
	Mailing Address 12 W. Hannum Blvd.		<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>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	0		2	0	0	8														
	City State Zip Code Saginaw MI 48602		Transaction ID: SA11AI.6173																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																						
Name of Employer Covenant Healthcare Systems Occupation doctor		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		Aggregate Year-to-Date ▼ 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 / 26
	<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) Sadashiv Shenoy		Date of Receipt	
	Mailing Address 4488 E. Overlook Dr		M M / D D / Y Y Y Y 07 / 02 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6075
	Williamsville	NY	14221	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Catholic Health Systems		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Steven J. Smith		Date of Receipt	
	Mailing Address 1879 N. Burling		M M / D D / Y Y Y Y 09 / 19 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6207
	Chicago	IL	60614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer LaGrange 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		

C.	Full Name (Last, First, Middle Initial) Dr. Oscar Sosa		Date of Receipt	
	Mailing Address 6160 SW 92nd St.		M M / D D / Y Y Y Y 08 / 01 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6158
	Pinecrest	FL	33516	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Baptist Health Doctors Ho- spita		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 23 / 26
(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. Full Name (Last, First, Middle Initial)
Dr. Thomas St. Amour

Mailing Address 14116 Belle Pointe

City State Zip Code
Little Rock AR 72212

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

Name of Employer Radiology Consultants Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
07 / 21 / 2008

Transaction ID: SA11AI.6126

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Frank Taylor

Mailing Address 3100 E Fletcher Ave

City State Zip Code
Tampa FL 33613

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

Name of Employer University Community Hospital Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 04 / 2008

Transaction ID: SA11AI.6084

Amount of Each Receipt this Period: 1000.00

C. 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 Radiology Associates Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY
07 / 20 / 2008

Transaction ID: SA11AI.6123

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 26
	<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) Matthew B Wilson	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 1603 Inverness Dr.	Transaction ID: SA11AI.6143
	City State Zip Code Mountain Home AR 72653	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer BRMC Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Daniel Wunder	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address 110 Meadowpointe East	Transaction ID: SA11AI.6079
	City State Zip Code Hendersonville TN 37075	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Skyline Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. James York	Date of Receipt MM / DD / YYYY 07 / 08 / 2008
	Mailing Address 2934 Galahad Drive	Transaction ID: SA11AI.6090
	City State Zip Code Atlanta GA 30345	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gwinnett Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	16470.00

**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

A.	Full Name (Last, First, Middle Initial) MICHAEL C DR. BURGESS	Transaction ID: SB23.6046 Date of Disbursement 07 / 08 / 2008
	Mailing Address P.O. Box 6334	
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name MICHAEL BURGESS FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SUE MYRICK	Transaction ID: SB23.6049 Date of Disbursement 07 / 29 / 2008
	Mailing Address P. O. Box 37091	
	City Charlotte State NC Zip Code 28237	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	
	Candidate Name SUE MYRICK FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAT ROBERTS	Transaction ID: SB23.6052 Date of Disbursement 09 / 12 / 2008
	Mailing Address PO BOX 15	
	City DODGE CITY State KS Zip Code 67801	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement	
	Candidate Name PAT ROBERTS FOR U S SENATE INC	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6000.00
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 26 / 26

<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.

Full Name (Last, First, Middle Initial)

MICHAEL ROGERS

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

Candidate Name
MIKE ROGERS FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: AL District: 03

Transaction ID: SB23.6055

Date of Disbursement

^M 0	^M 9	/	^D 1	^D 2	/	^Y 2	^Y 0	^Y 0	^Y 8
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Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

8500.00
