

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 12 08 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 **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	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)	24735.79	45583.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	106057.17	126682.04								
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))	97504.30	97504.30								
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	17970.00	32430.00
(i) Itemized (use Schedule A)	6755.00	13124.00
(ii) Unitemized	24725.00	45554.00
(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)	24725.00	45554.00
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))	24735.79	45583.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24735.79	45583.18

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)	24725.00	45554.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24725.00	45554.00
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 / 28
	<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)
C. V. Alexander, Jr.

Mailing Address PO Box 3459

City Jackson State TN Zip Code 38303

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

Name of Employer retired Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2008

Transaction ID: SA11AI.6136

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 300 Professional Drive

City Scarborough State ME Zip Code 04074

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

Name of Employer Spectrum Medical Group Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2008

Transaction ID: SA11AI.6177

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Palam Annamalai

Mailing Address 825 Lester

City Houston State TX Zip Code 77007

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

Name of Employer Self Employed Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 21 / 2008

Transaction ID: SA11AI.6246

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 7 / 28

(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. Curtis Bakal		Date of Receipt	
	Mailing Address 920 Hardscrabble Rd		M M / D D / Y Y Y Y Y 07 / 03 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6077
	Chappaqua	NY	10514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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		

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

C.	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		

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 / 28
	<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. 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		

B.	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 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- socio		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. Lynn Brody		Date of Receipt	
	Mailing Address 1275 York Avenue		M M / D D / Y 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		

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 / 28
	<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) Brian Bruening		Date of Receipt	
	Mailing Address 4005 24th Street		M M / D D / Y 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 Radiology		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. 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		

C.	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		

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 / 28
(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. Margaret Chaffey

Mailing Address 5400 Gibbon Blvd. SE

City State Zip Code
Albuquerque NM 87108

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

Name of Employer Lovelace Medical Center Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: **08 / 05 / 2008**

Transaction ID: SA11AI.6166

Amount of Each Receipt this Period: 210.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald Christianson

Mailing Address 1867 Little Valley Ct

City State Zip Code
De Pere WI 54115

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

Name of Employer Aurora Baycare Medical Center Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: **07 / 24 / 2008**

Transaction ID: SA11AI.6135

Amount of Each Receipt this Period: 250.00

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

Mailing Address 118 Oxbow Rd

City State Zip Code
Wayland MA 01778-1026

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

Name of Employer Emerson Hospital Occupation physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: **08 / 01 / 2008**

Transaction ID: SA11AI.6159

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: (check only one)	PAGE 11 / 28
	<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) Robert Davis	Date of Receipt MM / DD / YYYY 07 / 12 / 2008
	Mailing Address 6575 Sunburst Drive	Transaction ID: SA11AI.6102
	City State Zip Code Portage MI 49024	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Radiological Services 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. William Deeter	Date of Receipt MM / DD / YYYY 07 / 06 / 2008
	Mailing Address 14 Ryedale Ct.	Transaction ID: SA11AI.6086
	City State Zip Code Greenville SC 29615	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Greenville Radiology, PA 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. Kevin Duwe	Date of Receipt MM / DD / YYYY 09 / 06 / 2008
	Mailing Address 8606 E. San Lucas Dr.	Transaction ID: SA11AI.6192
	City State Zip Code Scottsdale AZ 85032	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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

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 12 / 28
(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. 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

B.

Full Name (Last, First, Middle Initial)
Arthur M Freedman

Mailing Address 104 Briarwood Ct

City Spartanburg State SC Zip Code 29302

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

Name of Employer Self Employed Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2008
Transaction ID: SA11AI.6243
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Christopher French

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 LT-D. Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2008
Transaction ID: SA11AI.6197
 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 13 / 28
	<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) Charles Fulp, Jr.		Date of Receipt																					
	Mailing Address 988 Wescott Ln NE		<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>1</td><td>1</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	/	1	1	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7	/	1	1	/	2	0	0	8														
	City State Zip Code Atlanta GA 30319-4325		Transaction ID: SA11AI.6098																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: St. Joseph's Hospital of Atlan Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		250.00																						

B.	Full Name (Last, First, Middle Initial) Dr. Joseph Gerding		Date of Receipt																					
	Mailing Address 3141 N. Seminary Ave.		<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>0</td><td>8</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	/	0	8	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9	/	0	8	/	2	0	0	8														
	City State Zip Code Chicago IL 60657		Transaction ID: SA11AI.6193																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: UIC 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		250.00																						

C.	Full Name (Last, First, Middle Initial) Dr. Mark Girard		Date of Receipt																					
	Mailing Address 3 Crown Way		<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>1</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	1	/	2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7	/	0	1	/	2	0	0	8														
	City State Zip Code Marblehead MA 01945		Transaction ID: SA11AI.6066																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer: North Shore Medical Center Occupation: doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		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 14 / 28
(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. 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 Memorial Hospital Occupation 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

B.

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 St. Luke's Hospital Occupation 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

C.

Full Name (Last, First, Middle Initial)
Richard Haas

Mailing Address George 2/593 Eddy Street

City State Zip Code
Providence RI 02902-0001

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

Name of Employer Rhode Island Hospital Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2008

Transaction ID: SA11AI.6091

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **800.00**

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 / 28
	<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. Neil Halin		Date of Receipt
	Mailing Address 750 Washington St # 253		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 03 / 2008
	City	State	Zip Code
	Boston	MA	02111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6076
Name of Employer New England 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) Dr. Noel Haskins		Date of Receipt
	Mailing Address 200 Myrtle Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 02 / 2008
	City	State	Zip Code
	Thomasville	GA	31792
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6070
Name of Employer Radiology Associates Of Thomas		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

C.	Full Name (Last, First, Middle Initial) Brent Herbel		Date of Receipt
	Mailing Address PO Box 6341		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 14 / 2008
	City	State	Zip Code
	Grand Forks	ND	58206
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6108
Name of Employer Altru Hospital		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: (check only one)	PAGE 16 / 28
	<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) David Hertzog		Date of Receipt
	Mailing Address 655 Friar Dr.		<input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yardley	PA	19067
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6121
Name of Employer Albert Einstein Medical Center		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" value="250.00"/>
		<input type="text" value="250.00"/>	

B.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Hull		Date of Receipt
	Mailing Address 2651 Radnor PI		<input type="text" value="08"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Midlothian	VA	23113
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6164
Name of Employer Chippenham 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" value="250.00"/>
		<input type="text" value="250.00"/>	

C.	Full Name (Last, First, Middle Initial) Subbarao Inampudi		Date of Receipt
	Mailing Address 11571 Cedar Pass		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Hopkins	MN	55305
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6111
Name of Employer Abbott Northwestern 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" value="250.00"/>
		<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="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: (check only one)	PAGE 17 / 28
	<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 Thomas Jacoby	Date of Receipt MM / DD / YYYY 07 / 21 / 2008
	Mailing Address 700 N. Dobson Road Unit 35	Transaction ID: SA11AI.6125
	City Chandler State AZ Zip Code 85224	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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	

B.	Full Name (Last, First, Middle Initial) Dr. Benjamin Kassanoff	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 12700 Park Central Dr.	Transaction ID: SA11AI.6175
	City Dallas State TX Zip Code 75251	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	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	

C.	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 Edgeworth State PA Zip Code 15143	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Washington 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: PAGE 19 / 28
(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. 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 Occupation
Westchester Medical Center 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

B. 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 Occupation
Radiological Associates of Sac 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

C. Full Name (Last, First, Middle Initial)
Dr. Charles Martin

Mailing Address 425 Old Morris Rd.

City State Zip Code
Harleysville PA 19438

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

Name of Employer Occupation
Grand View Hospital doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: SA11AI.6176

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: (check only one)	PAGE 20 / 28
	<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) Michael Mastromatteo		Date of Receipt	
	Mailing Address 50 B St Unit 4		M M / D D / Y Y Y Y 07 / 15 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6109
	Boston	MA	02127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Commonwealth Radiology As- socia		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) Vance McCollom		Date of Receipt	
	Mailing Address 4300 W. Memorial Rd		M M / D D / Y Y Y Y 07 / 09 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6096
	Oklahoma City	OK	73120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
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		

C.	Full Name (Last, First, Middle Initial) Gwen Nazarian		Date of Receipt	
	Mailing Address 1221 Nicollet Mall Suite 600		M M / D D / Y Y Y Y 07 / 29 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.6141
	Minneapolis	MN	55403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Abbott Northwestern Hospi- tal		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: PAGE 21 / 28
(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. Evan Oblonsky

Mailing Address 2521 Audrey Ln.

City State Zip Code
Northbrook IL 60062

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

Name of Employer Occupation
NORTHWEST COMMUNITY HOSPITAL doctor

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 05 / 2008

Transaction ID: SA11AI.6191

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Cynthia Payne

Mailing Address 4020 West Chase Blvd.
Ste. 350

City State Zip Code
Raleigh NC 27707

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

Name of Employer Occupation
Raleigh Radiology physician

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 24 / 2008

Transaction ID: SA11AI.6208

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Darren Postoak

Mailing Address 7703 Floyd Curl Dr.

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
University Of Texas Health Sci doctor

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

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2008

Transaction ID: SA11AI.6254

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 22 / 28
(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. Kenneth Robbins		Date of Receipt MM / DD / YYYY 07 / 02 / 2008
Mailing Address 9601 Lile Dr Ste 1100		Transaction ID: SA11AI.6073
City Little Rock	State AR	Zip Code 72205
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. Jeffrey Roesch		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
Mailing Address 1521 Britling Dr.		Transaction ID: SA11AI.6255
City Knoxville	State TN	Zip Code 37922
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Parkwest Medical Center	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. Michael Rosenberg		Date of Receipt MM / DD / YYYY 09 / 14 / 2008
Mailing Address 4187 Amber Leaf Trail		Transaction ID: SA11AI.6199
City Saint Paul	State MN	Zip Code 55123
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	

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 23 / 28
(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. Robert Saltzman

Mailing Address 12 W. Hannum Blvd.

City State Zip Code
Saginaw MI 48602

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

Name of Employer Covenant Healthcare Systems Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 10 / 2008

Transaction ID: SA11AI.6173

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
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 Catholic Health Systems Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 02 / 2008

Transaction ID: SA11AI.6075

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Steven J. Smith

Mailing Address 1879 N. Burling

City State Zip Code
Chicago IL 60614

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

Name of Employer LaGrange Memorial Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 19 / 2008

Transaction ID: SA11AI.6207

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 24 / 28

(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. Coralli So

Mailing Address 244 West Newton St.
#3

City Boston State MA Zip Code 02116

FEC ID number of contributing federal political committee. C

Name of Employer Melrose-Wakefield Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2008

Transaction ID: SA11AI.6242

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Oscar Sosa

Mailing Address 6160 SW 92nd St.

City Pinecrest State FL Zip Code 33516

FEC ID number of contributing federal political committee. C

Name of Employer Baptist Health Doctors Ho- spita Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2008

Transaction ID: SA11AI.6158

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas St. Amour

Mailing Address 14116 Belle Pointe

City Little Rock State AR Zip Code 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 07 / 21 / 2008

Transaction ID: SA11AI.6126

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 25 / 28
	<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. Frank Taylor		Date of Receipt MM / DD / YYYY 07 / 04 / 2008		
	Mailing Address 3100 E Fletcher Ave		Transaction ID: SA11AI.6084		
	City Tampa	State FL	Zip Code 33613	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Community Hospital	Occupation doctor	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr. John Tonkin		Date of Receipt MM / DD / YYYY 07 / 20 / 2008		
	Mailing Address PO Box 48		Transaction ID: SA11AI.6123		
	City Daytona Beach	State FL	Zip Code 32115	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiology Associates	Occupation doctor	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	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 Mountain Home	State AR	Zip Code 72653	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer BRMC	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)	▶	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:	PAGE 26 / 28
	(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. Daniel Wunder		Date of Receipt
Mailing Address 110 Meadowpointe East		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y Y 07 / 03 / 2008
City	State	Zip Code
Hendersonville	TN	37075
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6079
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Skyline Medical Center		<input type="text"/> 250.00
Occupation doctor		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/> 250.00	
<input type="checkbox"/> Other (specify) ▼		

B.

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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 500.00
TOTAL This Period (last page this line number only)	<input type="text"/> 17970.00

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	Amount of Each Disbursement this Period 2500.00
	City Denton State TX Zip Code 76202	
	Purpose of Disbursement	Category/Type
	Candidate Name MICHAEL BURGESS FOR CONGRESS	
	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	Amount of Each Disbursement this Period 1000.00
	City Charlotte State NC Zip Code 28237	
	Purpose of Disbursement	Category/Type
	Candidate Name SUE MYRICK FOR CONGRESS	
	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	Amount of Each Disbursement this Period 2500.00
	City DODGE CITY State KS Zip Code 67801	
	Purpose of Disbursement	Category/Type
	Candidate Name PAT ROBERTS FOR U S SENATE INC	
	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 28 / 28

<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

MM / DD / YYYY
09 / 12 / 2008

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