

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

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

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

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

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Larry Kaplan

Signature of Treasurer Electronically Filed by Mr. Larry Kaplan Date 04 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.

Table with 7 columns and 1 row. 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	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		50625.19
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	73399.78									
(c) Total Receipts (from Line 19) .....	23802.41	59179.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97202.19	109804.46								
7. Total Disbursements (from Line 31) .....	16103.33	28705.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	81098.86	81098.86								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	19500.00	45875.00
(i) Itemized (use Schedule A) .....	4285.00	13275.00
(ii) Unitemized .....	23785.00	59150.00
(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) .....	23785.00	59150.00
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.) .....	17.41	29.27
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)) .....	23802.41	59179.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	23802.41	59179.27

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	103.33	205.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	103.33	205.60
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	16000.00	28500.00
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))..	16103.33	28705.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16103.33	28705.60

**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 .....	23785.00	59150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23785.00	59150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	103.33	205.60
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	103.33	205.60

**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 / 30
	<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	

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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Philip Adler		Date of Receipt	
	Mailing Address 11800 Twelve Mile Rd.		M M / D D / Y Y Y Y Y 07 / 20 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5665
	Warren	MI	48093	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer St. John Macomb 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>B.</b>	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 / 15 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5656
	Chappaqua	NY	10514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>C.</b>	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 07 / 12 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5648
	North Kingstown	RI	02852	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott C Buckner	Date of Receipt M M / D D / Y Y Y Y Y 09 / 24 / 2007
	Mailing Address 20312 Market Tree Place	<b>Transaction ID:</b> SA11AI.5739
	City State Zip Code Montgomery Village MD 20886	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Shady Grove Radiological Consu Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. David Bynum	Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2007
	Mailing Address 14048 Mint Trail	<b>Transaction ID:</b> SA11AI.5754
	City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer South Texas Radiology Gro- up Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Margaret Chaffey	Date of Receipt M M / D D / Y Y Y Y Y 07 / 05 / 2007
	Mailing Address 5400 Gibbon Blvd. SE	<b>Transaction ID:</b> SA11AI.5636
	City State Zip Code Albuquerque NM 87108	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 ▼ 450.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 30  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Thomas Cunningham  
 Mailing Address 3800 Aspen Pl.  
 City State Zip Code  
 Casper WY 82604  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 9 / 2 0 0 7  
**Transaction ID:** SA11AI.5687  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Casper Medical Imaging doctor  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Donald F Denny  
 Mailing Address 76 Stetson Way  
 City State Zip Code  
 Princeton NJ 08540-7310  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 4 / 2 0 0 7  
**Transaction ID:** SA11AI.5696  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Medical Center at Princeton Physician  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Christian Dewald  
 Mailing Address 2731 East Gelding  
 City State Zip Code  
 Phoenix AZ 85032  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 6 / 2 0 0 7  
**Transaction ID:** SA11AI.5698  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southwest Diagnostic Imaging doctor  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 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 9 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. William Dittman		Date of Receipt MM / DD / YYYY 07 / 07 / 2007		
	Mailing Address 8200 Walnut Hill Ln.		<b>Transaction ID:</b> SA11AI.5638		
	City Dallas	State TX	Zip Code 75231	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Presbyterian 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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Kevin Duwe		Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 8606 E. San Lucas Dr.		<b>Transaction ID:</b> SA11AI.5733		
	City Scottsdale	State AZ	Zip Code 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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Terril Alexander Efirid		Date of Receipt MM / DD / YYYY 10 / 17 / 2007		
	Mailing Address 7620 N Marks Ave		<b>Transaction ID:</b> SA11AI.5752		
	City Fresno	State CA	Zip Code 93711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Community Health System		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 30

(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 State Zip Code  
Tulsa OK 74132

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

Name of Employer Occupation  
TRMC doctor

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 18 / 2007

Transaction ID: SA11AI.5663

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)

Geoffrey Ferguson

Mailing Address PO Box 607

City State Zip Code  
Grand Junction TN 38039

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

Name of Employer Occupation  
Providence Seattle Medical Cen Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2007

Transaction ID: SA11AI.5650

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)

Geoffrey Ferguson

Mailing Address PO Box 607

City State Zip Code  
Grand Junction TN 38039

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

Name of Employer Occupation  
Providence Seattle Medical Cen Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 16 / 2007

Transaction ID: SA11AI.5660

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 11 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr George Fueredi			Date of Receipt MM / DD / YYYY 10 / 08 / 2007		
	Mailing Address 4469 South Lakeshore Dr.			<b>Transaction ID:</b> SA11AI.5750		
	City Lake Geneva	State WI	Zip Code 53147	Amount of Each Receipt this Period 1000.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Great Lakes Radiologists		Occupation doctor	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Fulco			Date of Receipt MM / DD / YYYY 11 / 01 / 2007		
	Mailing Address 833 Worchester Dr.			<b>Transaction ID:</b> SA11AI.5759		
	City Schenectady	State NY	Zip Code 12309	Amount of Each Receipt this Period 500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Schenectady Radiologists, PC		Occupation doctor	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. John Fulco			Date of Receipt MM / DD / YYYY 12 / 28 / 2007		
	Mailing Address 833 Worchester Dr.			<b>Transaction ID:</b> SA11AI.5766		
	City Schenectady	State NY	Zip Code 12309	Amount of Each Receipt this Period 500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Schenectady Radiologists, PC		Occupation doctor	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> 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 / 30  
(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. Pablo Gamboa

Mailing Address 3525 Olentangy River Rd.

City Columbus State OH Zip Code 43214

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

Name of Employer Riverside Methodist Hospital Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2007  
**Transaction ID: SA11AI.5659**  
 Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph Gerding

Mailing Address 3141 N. Seminary Ave.

City Chicago State IL Zip Code 60657

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

Name of Employer UIC Medical Center Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 24 / 2007  
**Transaction ID: SA11AI.5745**  
 Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Laurence S Grundy

Mailing Address 2817 Samara Dr.

City Tampa State FL Zip Code 33618

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

Name of Employer TAMPA GENERAL HOSPITAL Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2007  
**Transaction ID: SA11AI.5675**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30

(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)

Lee Haikal

Mailing Address 220 Sandalwood Drive

City State Zip Code  
Huntington WV 25705-3751

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

Name of Employer Occupation  
None Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 18 / 2007

Transaction ID: SA11AI.5729

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Neil Halin

Mailing Address 750 Washington St  
# 253

City State Zip Code  
Boston MA 02111

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

Name of Employer Occupation  
New England Medical Center doctor

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 05 / 2007

Transaction ID: SA11AI.5630

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Henry

Mailing Address 19800 Trilby Ct.

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Occupation  
St. Francis Hospital doctor

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

Date of Receipt

M M / D D / Y Y Y Y  
11 / 13 / 2007

Transaction ID: SA11AI.5760

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 14 / 30
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Kevin Hirsch		Date of Receipt
	Mailing Address 4530 Mendocino Ct.		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Los Angeles	CA	90065
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5764
Name of Employer LAC-OSC 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"/>
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Lindsey W Inouye		Date of Receipt
	Mailing Address 677 N Wilmot Road		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Tucson	AZ	85711-2701
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5688
Name of Employer Radiology, Ltd.		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"/>
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. William Thomas Jacoby		Date of Receipt
	Mailing Address 700 N. Dobson Road Unit 35		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	Chandler	AZ	85224
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.5678
Name of Employer Associated Radiologists		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"/>
		<input type="text"/> 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>750.00</b>
<b>TOTAL</b> 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 15 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Shellie Josephs		Date of Receipt MM / DD / YYYY 09 / 13 / 2007		
	Mailing Address 5323 Harry Hines Blvd.		Transaction ID: SA11AI.5719		
	City Dallas	State TX	Zip Code 75390	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer University of Texas South- weste		Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Christopher Kowalski		Date of Receipt MM / DD / YYYY 09 / 18 / 2007		
	Mailing Address 10608 Callander Court		Transaction ID: SA11AI.5728		
	City Fort Wayne	State IN	Zip Code 46814	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Summit Radiology		Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony Kudirka		Date of Receipt MM / DD / YYYY 08 / 14 / 2007		
	Mailing Address 1700 Hickory Valley Rd.		Transaction ID: SA11AI.5694		
	City Milford	State MI	Zip Code 48380	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
Name of Employer Mount Clemens Regional Me- dical		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

**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 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Lauer			Date of Receipt MM / DD / YYYY 12 / 19 / 2007		
	Mailing Address 3975 Fair Ridge Dr. Suite 400 North			<b>Transaction ID:</b> SA11AI.5765		
	City Fairfax	State VA	Zip Code 22033	Amount of Each Receipt this Period 500.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Society of Interventional Radi		Occupation executive director			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Margaret Alma Lynch-Nyhan			Date of Receipt MM / DD / YYYY 07 / 15 / 2007		
	Mailing Address 2838 St. Paul St.			<b>Transaction ID:</b> SA11AI.5654		
	City Baltimore	State MD	Zip Code 21218	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer ST JOSEPH 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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Dana Mann			Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 8300 83rd Ave.			<b>Transaction ID:</b> SA11AI.5732		
	City Wheat Ridge	State CO	Zip Code 80033	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Luthern Medical Center		Occupation doctor			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30  
(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. 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 Grand View Hospital Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 10 / 2007

**Transaction ID:** SA11AI.5716

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John M Neil

Mailing Address 7445 E. Butler Drive

City State Zip Code  
Scottsdale AZ 85258

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

Name of Employer Scottsdale Medical Imagin- g. LT Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 08 / 2007

**Transaction ID:** SA11AI.5713

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Newman

Mailing Address 9500 Euclid Ave.

City State Zip Code  
Cleveland OH 44195

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

Name of Employer Cleveland Clinic Foundati- on Occupation doctor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 10 / 2007

**Transaction ID:** SA11AI.5751

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 18 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Evan Oblonsky	Date of Receipt MM / DD / YYYY 07 / 10 / 2007
	Mailing Address 2521 Audrey Ln.	<b>Transaction ID:</b> SA11AI.5645
	City State Zip Code Northbrook IL 60062	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NORTHWEST COMMUNITY HOSPITAL doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Vali Orandi	Date of Receipt MM / DD / YYYY 11 / 15 / 2007
	Mailing Address 3324 Riviera Rd	<b>Transaction ID:</b> SA11AI.5761
	City State Zip Code Sartell MN 56377	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation None Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Rajesh Patel	Date of Receipt MM / DD / YYYY 07 / 11 / 2007
	Mailing Address 300 E. 33rd St.	<b>Transaction ID:</b> SA11AI.5647
	City State Zip Code New York NY 10016	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Beth Israel Medical Center doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Darren Postoak		Date of Receipt MM / DD / YYYY 09 / 07 / 2007		
	Mailing Address 7703 Floyd Curl Dr.		<b>Transaction ID:</b> SA11AI.5710		
	City San Antonio	State TX	Zip Code 78229	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer University Of Texas Health Sci	Occupation doctor	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Terry L Reynolds		Date of Receipt MM / DD / YYYY 09 / 23 / 2007		
	Mailing Address 182 Merion		<b>Transaction ID:</b> SA11AI.5736		
	City Saint Simons Islan	State GA	Zip Code 31522	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Southeast Georgia Health Syste	Occupation Physician	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jeffrey Roesch		Date of Receipt MM / DD / YYYY 11 / 29 / 2007		
	Mailing Address 1521 Britling Dr.		<b>Transaction ID:</b> SA11AI.5763		
	City Knoxville	State TN	Zip Code 37922	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Parkwest Medical Center	Occupation doctor	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 30
	<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**

<b>A.</b>	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>9</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	7		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	7		2	0	0	7														
	City State Zip Code Saginaw MI 48602		<b>Transaction ID:</b> SA11AI.5723																					
FEC ID number of contributing federal political committee. <b>C</b>		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																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Floyd E Scales		Date of Receipt																					
	Mailing Address 12580 Durbin Dr.		<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>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	2		2	0	0	7														
	City State Zip Code Saint Louis MO 63141		<b>Transaction ID:</b> SA11AI.5757																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer None		Occupation Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeanne Schwartz		Date of Receipt																					
	Mailing Address 77 Houston Place		<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>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	7
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	2		2	0	0	7														
	City State Zip Code Haworth NJ 07641		<b>Transaction ID:</b> SA11AI.5652																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00																						
Name of Employer Morristown Memorial Hospital		Occupation doctor																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> 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 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Darryn Shaff			Date of Receipt MM / DD / YYYY 09 / 04 / 2007		
	Mailing Address 3773 Penbrook Way			<b>Transaction ID:</b> SA11AI.5708		
	City Allentown	State PA	Zip Code 18104	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Lehigh Valley Hospital		Occupation doctor	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Gary Shaw			Date of Receipt MM / DD / YYYY 07 / 04 / 2007		
	Mailing Address 121 Sotoyome St.			<b>Transaction ID:</b> SA11AI.5629		
	City Santa Rosa	State CA	Zip Code 95405	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Redwood Regional Medical Group		Occupation doctor	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Coralli So			Date of Receipt MM / DD / YYYY 07 / 31 / 2007		
	Mailing Address 244 West Newton St. #3			<b>Transaction ID:</b> SA11AI.5679		
	City Boston	State MA	Zip Code 02116	Amount of Each Receipt this Period 250.00		
	FEC ID number of contributing federal political committee. C					
	Name of Employer Melrose-Wakefield Hospital		Occupation doctor	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼						

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 30
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory Soares	Date of Receipt MM / DD / YYYY 10 / 19 / 2007
	Mailing Address 11 Robbins Drive	<b>Transaction ID:</b> SA11AI.5756
	City State Zip Code Barrington RI 02806	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation RI Vascular Institute doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. John Stoll	Date of Receipt MM / DD / YYYY 08 / 01 / 2007
	Mailing Address 110 Cherokee Ln	<b>Transaction ID:</b> SA11AI.5680
	City State Zip Code San Antonio TX 78232	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Northeast Methodist Hospital D doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Bradley Strnad	Date of Receipt MM / DD / YYYY 07 / 03 / 2007
	Mailing Address 1924 Alcoa Highway	<b>Transaction ID:</b> SA11AI.5628
	City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation University of Tennessee Medica doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 30  
(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)  
Michael A Taylor

Mailing Address 39 Via Navarro

City State Zip Code  
Greenbrae CA 94904

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

Name of Employer St. Mary's Medical Center/- St. F  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2007

**Transaction ID:** SA11AI.5704

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4 Vineyard Dr.

City State Zip Code  
San Antonio TX 78257

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

Name of Employer South Texas Radiology Group  
Occupation doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 08 / 2007

**Transaction ID:** SA11AI.5690

Amount of Each Receipt this Period  
500.00

**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 / 25 / 2007

**Transaction ID:** SA11AI.5674

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 / 30

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Clayton K Trimmer		Date of Receipt
	Mailing Address 2005 Cottonwood Valley Circle S.		<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Irving	TX	75038
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.5734
Name of Employer University of Texas South- weste		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>B.</b>	Full Name (Last, First, Middle Initial) Dr. Arthur Waltman		Date of Receipt
	Mailing Address 34 Rangeley Rd		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Winchester	MA	01890
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.5693
Name of Employer Massachusetts General Hos- pital		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="500.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Wegert		Date of Receipt
	Mailing Address 9150 Huebner Rd Suite 130		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	San Antonio	TX	78240
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11AI.5671
Name of Employer Southwest Texas Methodist Hosp		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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> 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 25 / 30
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Terrence Wilkin		Date of Receipt	
	Mailing Address 2650 Ridge Ave.		M M / D D / Y Y Y Y Y 07 / 01 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5618
	Evanston	IL	60201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Evanston 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>B.</b>	Full Name (Last, First, Middle Initial) Matthew B Wilson		Date of Receipt	
	Mailing Address 1603 Inverness Dr.		M M / D D / Y Y Y Y Y 07 / 02 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5619
	Mountain Home	AR	72653	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		500.00	
Name of Employer BRMC		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Daniel Wunder		Date of Receipt	
	Mailing Address 110 Meadowpointe East		M M / D D / Y Y Y Y Y 07 / 05 / 2007	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5634
	Hendersonville	TN	37075	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		250.00	
Name of Employer Skyline Medical Center		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 30  
(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. Dominic Carl Yee

Mailing Address 4550 Cherry Creek South Dr.

City State Zip Code  
Denver CO 80246

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

Name of Employer  
Radiology Imaging Associates

Occupation  
doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

**Transaction ID:** SA11AI.5666

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Craig Yokley

Mailing Address 108 North River Dr.

City State Zip Code  
St. Augustine FL 32095

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

Name of Employer  
Swedish Covenant Hospital

Occupation  
doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2007

**Transaction ID:** SA11AI.5699

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6716 NW 11th Pl

City State Zip Code  
Gainesville FL 32605

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

Name of Employer  
Diagnostic Imaging Center

Occupation  
doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2007

**Transaction ID:** SA11AI.5677

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>19500.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 30

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB21B.5607

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

17.46

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

17.46

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

17.46

# 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) MAX BAUCUS	Transaction ID: SB23.5594 Date of Disbursement 09 / 11 / 2007
	Mailing Address PO BOX 586	Amount of Each Disbursement this Period 2500.00
	City HELENA State MT Zip Code 59624	
	Purpose of Disbursement	Category/Type
	Candidate Name MAX BAUCUS	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAVID LEE CAMP	Transaction ID: SB23.5591 Date of Disbursement 08 / 01 / 2007
	Mailing Address 5905 Wimbledon Ct.	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement	Category/Type
	Candidate Name DAVID LEE CAMP	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ERIC CANTOR	Transaction ID: SB23.5592 Date of Disbursement 08 / 14 / 2007
	Mailing Address 6004 Oxbury Ct.	Amount of Each Disbursement this Period 5000.00
	City Glen Allen State VA Zip Code 23059	
	Purpose of Disbursement	Category/Type
	Candidate Name ERIC CANTOR	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) JOSEPH CROWLEY</p> <p>Mailing Address 48-24 65 STREET</p> <p>City WOODSIDE State NY Zip Code 11377</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JOSEPH CROWLEY Category/Type <input type="text"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5589</p> <p>Date of Disbursement 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLES E GRASSLEY</p> <p>Mailing Address PO BOX 1000</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name CHARLES E GRASSLEY Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5598</p> <p>Date of Disbursement 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JON L KYL</p> <p>Mailing Address 4442 E CAMELBACK ROAD #160</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement <input type="text"/></p> <p>Candidate Name JON L KYL Category/Type <input type="text"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 00</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5595</p> <p>Date of Disbursement 11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p>

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

6500.00

**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 30 / 30

<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)

JOHN DAVISON IV ROCKEFELLER

Mailing Address 1515 BARBERRY LANE

City CHARLESTON State WV Zip Code 25314

Purpose of Disbursement

Candidate Name  
JOHN DAVISON IV ROCKEFELLER

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: WV District: 00

Transaction ID: SB23.5597

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

16000.00