

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 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To:

| | |
|---|---|
| M | M |
| 0 | 6 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 1 | 0 | | 130233.51 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 1 | 0 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 123195.88 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 18645.83 | 18744.22 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 141841.71 | 148977.73 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 9101.11 | 16237.13 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 132740.60 | 132740.60 | | | | | | | | |
| 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: To:

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 12230.00 | 12230.00 |
| (ii) Unitemized | 6370.00 | 6420.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 18600.00 | 18650.00 |
| (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) | 18600.00 | 18650.00 |
| 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.) | 45.83 | 94.22 |
| 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)) | 18645.83 | 18744.22 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 18645.83 | 18744.22 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

| 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..... | 101.11 | 237.13 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 101.11 | 237.13 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 9000.00 | 16000.00 |
| 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)).. | 9101.11 | 16237.13 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9101.11 | 16237.13 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| 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 | 18600.00 | 18650.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 18600.00 | 18650.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 101.11 | 237.13 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 101.11 | 237.13 |

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 / 20 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Jorge Arzola | Date of Receipt MM / DD / YYYY 05 / 05 / 2010 |
| | Mailing Address PMB 435, #89 De Diego Ave Suite 105 | Transaction ID: SA11AI.6775 |
| | City San Juan State PR Zip Code 00927 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer UPR, School Of Medicine 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. Stuart Braverman | Date of Receipt MM / DD / YYYY 06 / 22 / 2010 |
| | Mailing Address 232 Constance Ln. | Transaction ID: SA11AI.6855 |
| | City Santa Barbara State CA Zip Code 93105 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Pueblo Radiology Medical Group Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Steve Y. Chen | Date of Receipt MM / DD / YYYY 05 / 26 / 2010 |
| | Mailing Address 4483 152 Lane, S.E. | Transaction ID: SA11AI.6801 |
| | City Bellevue State WA Zip Code 98006 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer Swedish Medical Center/Evergre 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) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 20 |
| | <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) Don H. Chin | Date of Receipt MM / DD / YYYY 06 / 28 / 2010 |
| | Mailing Address 15820 Nightingale Lane | Transaction ID: SA11AI.6873 |
| | City State Zip Code Redding CA 96001-9500 | Amount of Each Receipt this Period 230.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Regional Radiological Association Occupation: physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. William Deeter | Date of Receipt MM / DD / YYYY 05 / 16 / 2010 |
| | Mailing Address 14 Ryedale Ct. | Transaction ID: SA11AI.6792 |
| | 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. Christian Dewald | Date of Receipt MM / DD / YYYY 06 / 28 / 2010 |
| | Mailing Address 2731 East Gelding | Transaction ID: SA11AI.6871 |
| | City State Zip Code Phoenix AZ 85032 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer: Southwest Diagnostic Imaging 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) | 730.00 |
| 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 / 20 |
| | <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. Thomas Fuller | | Date of Receipt |
| | Mailing Address 5465 Errol PI NW | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 4 / 2 0 1 0 |
| | City | State | Zip Code |
| | Atlanta | GA | 30327 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.6761 |
| Name of Employer Diagnostic Imaging Specialists | | 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. Charles Gordon | | Date of Receipt |
| | Mailing Address 9225 Captiva Cir | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 6 / 0 7 / 2 0 1 0 |
| | City | State | Zip Code |
| | St. Petersburg | FL | 33706 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.6808 |
| Name of Employer Radiology Associates of Venice | | 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) Mr. Thomas Herald | | Date of Receipt |
| | Mailing Address 2555 Ponce De Leon #400 | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 5 / 0 7 / 2 0 1 0 |
| | City | State | Zip Code |
| | Coral Gables | FL | 33134 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.6778 |
| Name of Employer Medical Business Service, Inc. | | Occupation administrator | 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"/> 1000.00 |

| | |
|--|---------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1500.00 |
| 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 9 / 20 |
| | <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"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 24 / 2010 |
| City | State | Zip Code |
| Yardley | PA | 19067 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.6866 |
| <input type="text"/> C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 250.00 |
| Name of Employer Albert Einstein Medical Center | Occupation physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 250.00 | |

B.

| | | |
|---|-----------------------------|--|
| Full Name (Last, First, Middle Initial) Dr. Marshall Hicks | | Date of Receipt |
| Mailing Address 1515 Holcombe Blvd. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 02 / 2010 |
| City | State | Zip Code |
| Houston | TX | 77030 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.6805 |
| <input type="text"/> C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 250.00 |
| Name of Employer MD Anderson Cancer Center | Occupation doctor | |
| 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) Todd A Hrbek | | Date of Receipt |
| Mailing Address 433 Glenmeade Rd | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 18 / 2010 |
| City | State | Zip Code |
| Greensburg | PA | 15601 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.6839 |
| <input type="text"/> C <input type="text"/> | | Amount of Each Receipt this Period |
| | | <input type="text"/> 500.00 |
| Name of Employer ExcelaHealth | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ | |
| | <input type="text"/> 500.00 | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 20
(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) Bradley A Johnson | | | Date of Receipt MM / DD / YYYY 06 / 14 / 2010 | | |
| | Mailing Address Dept of Radiology 530 NE Glen Oak Ave | | | Transaction ID: SA11AI.6821 | | |
| | City Peoria | State IL | Zip Code 61637 | Amount of Each Receipt this Period 250.00 | | |
| | FEC ID number of contributing federal political committee. C | | | | | |
| | Name of Employer Osf St. Francis Medical Center | | Occupation Physician | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | |

| | | | | | | |
|---|---|-------------|----------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Benjamin Kassanoff | | | Date of Receipt MM / DD / YYYY 06 / 19 / 2010 | | |
| | Mailing Address 12700 Park Central Dr. | | | Transaction ID: SA11AI.6846 | | |
| | 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 | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | |

| | | | | | | |
|---|---|-------------|----------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Dr. Katharine Krol | | | Date of Receipt MM / DD / YYYY 06 / 23 / 2010 | | |
| | Mailing Address 8433 Harcourt Rd | | | Transaction ID: SA11AI.6864 | | |
| | City Indianapolis | State IN | Zip Code 46260 | Amount of Each Receipt this Period 250.00 | | |
| | FEC ID number of contributing federal political committee. C | | | | | |
| | Name of Employer St.Vincent Hospital | | Occupation doctor | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 20
(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 J Ludkowski

Mailing Address 5 Welsh Cobb Court

City Greenville State SC Zip Code 29615

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

Name of Employer Spartanburg Regional Medical C Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 25 / 2010
Transaction ID: SA11AI.6799
 Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Feroz Maqbool

Mailing Address 425 N.W. 148 Terrace

City Edmond State OK Zip Code 73013

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

Name of Employer University Of Oklahoma College Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 05 / 2010
Transaction ID: SA11AI.6774
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 3120 Wild Canyon Loop

City Austin State TX Zip Code 78732

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

Name of Employer Austin Radiological Assoc Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: SA11AI.6809
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 20 |
| | <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. James Newcomb | | Date of Receipt MM / DD / YYYY 05 / 05 / 2010 | | |
| | Mailing Address 1425 Princeton Ct. | | Transaction ID: SA11AI.6776 | | |
| | 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 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|----------------------|---|--|--|
| B. | Full Name (Last, First, Middle Initial) Dr. Gordon Ng | | Date of Receipt MM / DD / YYYY 05 / 05 / 2010 | | |
| | Mailing Address 347 N. Kuakini St. | | Transaction ID: SA11AI.6773 | | |
| | City Honolulu | State HI | Zip Code 96817 | Amount of Each Receipt this Period 250.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Kuakini Medical Center | Occupation doctor | Aggregate Year-to-Date 250.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | | | | |
|---|---|-------------------------|---|--|--|
| C. | Full Name (Last, First, Middle Initial) Sanjiv R. Parikh | | Date of Receipt MM / DD / YYYY 05 / 04 / 2010 | | |
| | Mailing Address 500 17th Avenue | | Transaction ID: SA11AI.6757 | | |
| | City Seattle | State WA | Zip Code 98122 | Amount of Each Receipt this Period 500.00 | |
| | FEC ID number of contributing federal political committee. C | | | | |
| | Name of Employer Swedish Providence Campus | Occupation physician | Aggregate Year-to-Date 500.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | |

| | | |
|--|---|---------|
| 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 / 20 |
| | <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. Donald Ponec | | Date of Receipt | |
| | Mailing Address 7912 Corte Penca | | M M / D D / Y Y Y Y Y 06 / 13 / 2010 | |
| | City | State | Zip Code | Transaction ID: SA11AI.6819 |
| | Carlsbad | CA | 92009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 250.00 | |
| Name of Employer Tri-City 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. | Full Name (Last, First, Middle Initial) Jeffrey Ross | | Date of Receipt | |
| | Mailing Address 2615 Trevor Lane | | M M / D D / Y Y Y Y Y 06 / 26 / 2010 | |
| | City | State | Zip Code | Transaction ID: SA11AI.6870 |
| | Colorado Springs | CO | 80919 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Colorado Springs Radiolog- ists | | Occupation Physician | | |
| 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) Mark S. Schechter | | Date of Receipt | |
| | Mailing Address PO Box 2267 | | M M / D D / Y Y Y Y Y 05 / 11 / 2010 | |
| | City | State | Zip Code | Transaction ID: SA11AI.6786 |
| | Rancho Santa Fe | CA | 92067 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. C | | 500.00 | |
| Name of Employer Radiology Medical Group Inc | | Occupation physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | |

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 20
(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)
Robert J Schmall

Mailing Address 5025 Deer View Road

City Cedar Rapids State IA Zip Code 52411

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

Name of Employer Radiology Consultants of Iowa Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 04 / 2010
Transaction ID: SA11AI.6763
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
Wales R Shao

Mailing Address 474 48th Avenue Apt 26B

City Long Island City State NY Zip Code 11109-5620

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

Name of Employer New York Hospital - Queen Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 07 / 2010
Transaction ID: SA11AI.6810
 Amount of Each Receipt this Period: 250.00

C.

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

Mailing Address 4488 E. Overlook Dr

City Williamsville State NY Zip Code 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: 06 / 18 / 2010
Transaction ID: SA11AI.6844
 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 15 / 20
(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. Ezequiel Silva

Mailing Address 422 Normandy Ave

City San Antonio State TX Zip Code 78209

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

Name of Employer South Texas Radiology Group Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 20 / 2010

Transaction ID: SA11AI.6848

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Suzanne Slonim

Mailing Address 4435 Holland Avenue

City Dallas State TX Zip Code 75219

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

Name of Employer Methodist Hospital Of Dallas Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 23 / 2010

Transaction ID: SA11AI.6861

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr. Elizabeth Spencer

Mailing Address 26555 N. 86th St.

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Desert Endovascular Center and Occupation doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2010

Transaction ID: SA11AI.6755

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 16 / 20
(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)
John Statler

Mailing Address 11112 Meadow Road

City State Zip Code
Tacoma WA 98499

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

Name of Employer n/a Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2010

Transaction ID: SA11AI.6802

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Bradley Strnad

Mailing Address 1924 Alcoa Highway

City State Zip Code
Knoxville TN 37920

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

Name of Employer University of Tennessee Medica Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: SA11AI.6804

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 3100 E Fletcher Ave

City State Zip Code
Tampa FL 33613

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

Name of Employer University Community Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 11 / 2010

Transaction ID: SA11AI.6787

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 20
(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)
Bret N Wiechmann

Mailing Address 10828 SW 27th Avenue

City State Zip Code
Gainesville FL 32607

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

Name of Employer Occupation
Vascular & Interventional Physician
Phys

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 04 / 2010

Transaction ID: SA11AI.6750

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Daniel Wunder

Mailing Address 110 Meadowpointe East

City State Zip Code
Hendersonville TN 37075

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

Name of Employer Occupation
Skyline Medical Center doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2010

Transaction ID: SA11AI.6814

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 5 Castlewall Ct.

City State Zip Code
Lutherville Timoni MD 21093

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

Name of Employer Occupation
Advanced Radiology doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: SA11AI.6812

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) | 12230.00 |

**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)

PAGE 18 / 20

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: SB21B.6744</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 33.54</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Bank of America</p> <p>Mailing Address PO Box 27025</p> <p>City Richmond State VA Zip Code 23261</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> | <p>Transaction ID: SB21B.6745</p> <p>Date of Disbursement 06 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 33.61</p> |

| | |
|--|--------------|
| SUBTOTAL of Disbursements This Page (optional) | 67.15 |
| TOTAL This Period (last page this line number only) | 67.15 |

**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 19 / 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 F BENNET | Transaction ID: SB23.6882 Date of Disbursement |
| | Mailing Address 2830 EAST 7TH AVENUE | <input type="text" value="05"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City DENVER State CO Zip Code 80206 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement <input type="text"/> | <input type="text" value="5000.00"/> |
| | Candidate Name BENNET FOR COLORADO | Category/Type <input type="text"/> |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial) GEOFFREY C. DAVIS | Transaction ID: SB23.6879 Date of Disbursement |
| | Mailing Address PO Box 17192 | <input type="text" value="04"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Ft Mitchell State KY Zip Code 41017 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement <input type="text"/> | <input type="text" value="1000.00"/> |
| | Candidate Name GEOFF DAVIS FOR CONGRESS | Category/Type <input type="text"/> |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) MICHAEL ROGERS | Transaction ID: SB23.6740 Date of Disbursement |
| | Mailing Address 123 East 13th Street | <input type="text" value="06"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/> |
| | City Anniston State AL Zip Code 36201 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement <input type="text"/> | <input type="text" value="2000.00"/> |
| | Candidate Name ROGERS FOR CONGRESS | Category/Type <input type="text"/> |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

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 20 / 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 M SHIMKUS

Transaction ID: SB23.6741

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 2 | 3 | | 2 | 0 | 1 | 0 |

Mailing Address 504 Sumner Boulevard

City State Zip Code
Collinsville IL 62234

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Purpose of Disbursement

Category/
Type

Candidate Name
VOLUNTEERS FOR SHIMKUS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 19

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

9000.00