

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		147626.06
(b) Cash on Hand at Beginning of Reporting Period.....	154018.52	
(c) Total Receipts (from Line 19)	11898.92	52666.41
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	165917.44	200292.47
7. Total Disbursements (from Line 31).....	2036.85	36411.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	163880.59	163880.59
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).....	10760.00	34810.00
(ii) Unitemized	1120.00	17680.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11880.00	52490.00
(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)	11880.00	52490.00
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.).....	18.92	176.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11898.92	52666.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11898.92	52666.41

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	36.85	411.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	36.85	411.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	36000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2036.85	36411.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2036.85	36411.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11880.00	52490.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11880.00	52490.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	36.85	411.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	36.85	411.88

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

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

FOR LINE NUMBER: PAGE 6 OF 14
(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

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

Full Name (Last, First, Middle Initial)
A. Julio M. Baquero

Mailing Address 6200 SW 73rd St

City Miami State FL Zip Code 33143-4989

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

Name of Employer South Miami Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.7928

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. James F. Benenati

Mailing Address 8900 N Kendall Dr

City Miami State FL Zip Code 33176-2118

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

Name of Employer Baptist Cardiac & Vascular Ins Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.7931

Amount of Each Receipt this Period
1000.00

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

Mailing Address 84 Commonwealth Ave Apt 1

City Boston State MA Zip Code 02116

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

Name of Employer Newton Wellesley Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2012

Transaction ID : SA11AI.7941

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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

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

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

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

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

A. Dr. Kevin Duwe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8606 E. San Lucas Dr.
 City State Zip Code
 Scottsdale AZ 85032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Associated Radiologists doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : SA11AI.7951
 Amount of Each Receipt this Period
 250.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2012
Transaction ID : SA11AI.7956
 Amount of Each Receipt this Period
 250.00

C. Adam Geronemus
 Full Name (Last, First, Middle Initial)
 Mailing Address 6200 SW 73 Street
 City State Zip Code
 Miami FL 33140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 South Miami Heart Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 23 / 2012
Transaction ID : SA11AI.7933
 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 8 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Kevin Henseler

Mailing Address 386 Mississippi River Blvd. S.

City State Zip Code
 Saint Paul MN 55105-1312

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

Name of Employer Occupation
 Suburban Imaging physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2012

Transaction ID : SA11AI.7965

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2651 Radnor Pl

City State Zip Code
 Midlothian VA 23113

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

Name of Employer Occupation
 Chippenham Medical Center doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012

Transaction ID : SA11AI.7950

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Barry T. Katzen

Mailing Address 8900 N Kendall Drive

City State Zip Code
 Miami FL 33176-2118

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

Name of Employer Occupation
 Baptist Cardiac & Vascular Ins Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2012

Transaction ID : SA11AI.7935

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2012
Transaction ID : SA11AI.7947
 Amount of Each Receipt this Period
 250.00

B. Paul J. Lee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1321 Baldwin Ave
 City State Zip Code
 Ann Arbor MI 48104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Huron Valley Radiology Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 16 / 2012
Transaction ID : SA11AI.7957
 Amount of Each Receipt this Period
 500.00

C. Tejvir Nanda
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 E Erie Street
 Apt 3803
 City State Zip Code
 Chicago IL 60611-3042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2012
Transaction ID : SA11AI.7960
 Amount of Each Receipt this Period
 500.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Dr. Adam Nevitt
Full Name (Last, First, Middle Initial)
Mailing Address 22 Balclutha Dr.
City Corte Madera State CA Zip Code 94925
FEC ID number of contributing federal political committee. **C**
Name of Employer Seton Medical Center Occupation doctor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **11 / 05 / 2012**
Transaction ID : SA11AI.7948
Amount of Each Receipt this Period **260.00**

B. Prashant R. Patel
Full Name (Last, First, Middle Initial)
Mailing Address 5707 Belmont Cir.
City Allentown State PA Zip Code 18106
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Luke's University Health N Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 10 / 2012**
Transaction ID : SA11AI.7954
Amount of Each Receipt this Period **250.00**

C. Constantino S. Pena
Full Name (Last, First, Middle Initial)
Mailing Address 8900 N. Kendall Drive
City Miami State FL Zip Code 33176
FEC ID number of contributing federal political committee. **C**
Name of Employer Baptist Cardiac & Vascular Ins Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2012**
Transaction ID : SA11AI.7937
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1510.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Dr. Alex Powell
Full Name (Last, First, Middle Initial)
Mailing Address 1111 Brickell Bay Drive
City Miami State FL Zip Code 33131
FEC ID number of contributing federal political committee. **C**
Name of Employer Miami Cardiac & Vascular Insti Occupation doctor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2012**
Transaction ID : SA11AI.7940
Amount of Each Receipt this Period **1000.00**

B. Shaun L Samuels
Full Name (Last, First, Middle Initial)
Mailing Address 5825 SW 119th St
City Coral Gables State FL Zip Code 33156
FEC ID number of contributing federal political committee. **C**
Name of Employer Baptist Cardiac and Vasc. Inst Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2012**
Transaction ID : SA11AI.7930
Amount of Each Receipt this Period **1000.00**

C. Thomas Scagnelli
Full Name (Last, First, Middle Initial)
Mailing Address 440 Luenga Ave.
City Coral Gables State FL Zip Code 33146
FEC ID number of contributing federal political committee. **C**
Name of Employer Baptist Cardiac and Vascular I Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **10 / 23 / 2012**
Transaction ID : SA11AI.7939
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **3000.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 14
(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)
James Thomasson Jr.

Mailing Address 1943 Elzey Ave.

City Memphis	State TN	Zip Code 38104
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FEC ID number of contributing federal political committee. **C**

Name of Employer Methodist University Hospital	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2012

Transaction ID : SA11AI.7946

Amount of Each Receipt this Period
250.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	10760.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 27025

City Richmond State VA Zip Code 23261

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2012

Transaction ID : SB21B.7923

Amount of Each Disbursement this Period

36.85

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

36.85

36.85

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

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

Full Name (Last, First, Middle Initial)

A. MARSHA MRS. BLACKBURN

Mailing Address 6103 MURRAY LANE

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement

Candidate Name

MARSHA MRS. BLACKBURN

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			02			2012					

Transaction ID : SB23.7970

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

2000.00

2000.00
