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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 3975 FAIR RIDGE DRIVE

☒ (Check if address is changed) SUITE 400 NORTH

FAIRFAX (CITY ▲) VA (STATE ▲) 22033- (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

sirpac@sirweb.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.sirpac.org

COMMITTEE'S FAX NUMBER

703-691-1855

2. DATE 10 26 2005

3. FEC IDENTIFICATION NUMBER ▶ C00408435

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer LARRY KAPLAN

Signature of Treasurer [signature] Date 10 27 2005

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

SOCIETY OF INTERVENTIONAL RADIOLOGY

Mailing Address 3975 FAIR RIDGE DRIVE
SUITE 400 NORTH
FAIRFAX VA 22033-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☒ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE (SIRPAC)

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: MICHAEL MABRY

Mailing Address: 3975 FAIR RIDGE DRIVE
SUITE 400 NORTH
FAIRFAX VA 22033-

Title or Position ▼: ASSISTANT

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 703-691-1805

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: LARRY KAPLAN

Mailing Address: 3975 FAIR RIDGE DRIVE
SUITE 400 NORTH
FAIRFAX VA 22033-

Title or Position ▼: TREASURER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 703-691-1805

Full Name of Designated Agent: MICHAEL MABRY

Mailing Address: 3975 FAIR RIDGE DRIVE
SUITE 400 NORTH
FAIRFAX VA 22033-

Title or Position ▼: ASSISTANT TREASURER

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 703-691-1805

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address 730 15th STREET NW
SECOND FLOOR
WASHINGTON DC DC 20005-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER	10/31/05 DATE PREPARED

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