

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)

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 Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Report for the: Post-Election, General, Runoff, Special

5. Covering Period 04 01 2009 through 06 30 2009

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

Signature of Treasurer Electronically Filed by Doug Huynh Date 07 15 2009

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

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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	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		97010.20
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	93910.43									
(c) Total Receipts (from Line 19)	31076.46	33049.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	124986.89	130059.72								
7. Total Disbursements (from Line 31)	4594.72	9667.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	120392.17	120392.17								
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

FEC Form 3X (Rev. 06/2004)

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)	21500.00	23250.00
(ii) Unitemized	9541.00	9751.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31041.00	33001.00
(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)	31041.00	33001.00
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.)	35.46	48.52
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))	31076.46	33049.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31076.46	33049.52

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.....	94.72	167.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	94.72	167.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	9500.00
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))..	4594.72	9667.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4594.72	9667.55

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	31041.00	33001.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31041.00	33001.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	94.72	167.55
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	94.72	167.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 26
(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

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) Zubin Balsara		Date of Receipt MM / DD / YYYY 05 / 25 / 2009	
Mailing Address 8309 Canopy Oaks Drive		Transaction ID: SA11AI.6353	
City Ft. Smith	State AZ	Zip Code 72903	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Medical	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) Marc Bernstein		Date of Receipt MM / DD / YYYY 04 / 16 / 2009	
Mailing Address Department of Radiology 1400 Charles Street		Transaction ID: SA11AI.6304	
City Rockford	State IL	Zip Code 61104-2298	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Swedish American Health System	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) Charles Bower		Date of Receipt MM / DD / YYYY 06 / 17 / 2009	
Mailing Address 901 S. Plymouth Ct		Transaction ID: SA11AI.6461	
City Chicago	State IL	Zip Code 60605	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Hospital and Medical Cen	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: PAGE 7 / 26
(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) Paul Brady		Date of Receipt MM / DD / YYYY 06 / 08 / 2009
Mailing Address Dept. of Radiology 5501 Old York Rd.		Transaction ID: SA11AI.6409
City Philadelphia	State PA	Zip Code 19141
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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 ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. Lynn Brody		Date of Receipt MM / DD / YYYY 06 / 12 / 2009
Mailing Address 1275 York Avenue		Transaction ID: SA11AI.6444
City New York	State NY	Zip Code 10021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Memorial Sloan-Kettering Cancer	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Dr. David Bynum		Date of Receipt MM / DD / YYYY 05 / 30 / 2009
Mailing Address 14048 Mint Trail		Transaction ID: SA11AI.6367
City San Antonio	State TX	Zip Code 78232
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer South Texas Radiology Group	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 26
(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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SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial) Dr. Steven Citron		Date of Receipt MM / DD / YYYY 06 / 01 / 2009
Mailing Address 13 Ball Mill Place		Transaction ID: SA11AI.6381
City Atlanta	State GA	Zip Code 30350
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Radiology Associates Of Atlant	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Dr. William Deeter		Date of Receipt MM / DD / YYYY 06 / 15 / 2009
Mailing Address 14 Ryedale Ct.		Transaction ID: SA11AI.6448
City Greenville	State SC	Zip Code 29615
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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 / 27 / 2009
Mailing Address 2731 East Gelding		Transaction ID: SA11AI.6499
City Phoenix	State AZ	Zip Code 85032
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Southwest Diagnostic Imag- ing	Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 26
(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. William Dittman

Mailing Address 8200 Walnut Hill Ln.

City State Zip Code
Dallas TX 75231

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

Name of Employer Presbyterian Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 07 / 2009

Transaction ID: SA11AI.6406

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kevin Duwe

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 Associated Radiologists Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 26 / 2009

Transaction ID: SA11AI.6358

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Karen Ehrman

Mailing Address 7205 Shadeland Station Ste 150

City State Zip Code
Indianapolis IN 46256

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

Name of Employer Community Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 23 / 2009

Transaction ID: SA11AI.6306

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 10 / 26
	<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. Steven Epstein		Date of Receipt MM / DD / YYYY 05 / 24 / 2009		
	Mailing Address 7004 Blvd East #32D		Transaction ID: SA11AI.6347		
	City West New York	State NJ	Zip Code 07093	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Barnabas Hospital	Occupation doctor			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) Christopher French		Date of Receipt MM / DD / YYYY 06 / 18 / 2009		
	Mailing Address W171 N5445 Autumn View Ln		Transaction ID: SA11AI.6464		
	City Menomonee	State WI	Zip Code 53051	Amount of Each Receipt this Period 350.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MILWAUKEE RADIOLOGISTS LT-D.	Occupation doctor			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00			

C.	Full Name (Last, First, Middle Initial) William Gallmann		Date of Receipt MM / DD / YYYY 05 / 26 / 2009		
	Mailing Address 447 Regency Blvd		Transaction ID: SA11AI.6354		
	City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Schumpert 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			

SUBTOTAL of Receipts This Page (optional)	▶	900.00
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 / 26
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Bryan Hankins		Date of Receipt
	Mailing Address 8452 Sunningdale Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 10 / 2009
	City	State	Zip Code
	Indianapolis	IN	46234
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6435
Name of Employer Self-employed		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"/> 250.00

B.	Full Name (Last, First, Middle Initial) Paul Harrod-Kim		Date of Receipt
	Mailing Address 23 Kenwood St		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 05 / 31 / 2009
	City	State	Zip Code
	Portland	ME	04102
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6373
Name of Employer Maine Medical Center		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 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 05 / 22 / 2009
	City	State	Zip Code
	Coral Gables	FL	33134
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6340
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: PAGE 12 / 26

(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) Brent Herbel		Date of Receipt	
	Mailing Address PO Box 6341		M M / D D / Y Y Y Y Y 06 / 10 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6429
	Grand Forks	ND	58206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
Name of Employer Altru Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) David Hertzog		Date of Receipt	
	Mailing Address 655 Friar Dr.		M M / D D / Y Y Y Y Y 05 / 31 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6372
	Yardley	PA	19067	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		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 ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Dr. Samuel Hill		Date of Receipt	
	Mailing Address 1860 Houndsfield Drive		M M / D D / Y Y Y Y Y 06 / 16 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6450
	Florence	SC	29506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		C		250.00
Name of Employer McLeod Regional 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		

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 13 / 26
	<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. Stephen Hofkin		Date of Receipt	
	Mailing Address 8930 Elusion Ct.		M M / D D / Y Y Y Y Y 06 / 07 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6407
	Redding	CA	96001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer MD Imaging		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) Lindsey W Inouye		Date of Receipt	
	Mailing Address 677 N Wilmot Road		M M / D D / Y Y Y Y Y 06 / 01 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6380
	Tucson	AZ	85711-2701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Radiology, Ltd.		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) Dr. Benjamin Kassanoff		Date of Receipt	
	Mailing Address 12700 Park Central Dr.		M M / D D / Y Y Y Y Y 05 / 07 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6310
	Dallas	TX	75251	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Medical City Dallas Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 26
(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. Katharine Krol

Mailing Address 8433 Harcourt Rd

City Indianapolis State IN Zip Code 46260

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

Name of Employer St. Vincent Hospital Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 09 / 2009
Transaction ID: SA11AI.6418
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Anthony Kudirka

Mailing Address 1700 Hickory Valley Rd.

City Milford State MI Zip Code 48380

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

Name of Employer Mount Clemens Regional Medical Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 02 / 2009
Transaction ID: SA11AI.6391
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Jason Levy

Mailing Address 275 Trimble Crest Drive

City Atlanta State GA Zip Code 30342

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

Name of Employer Northside Hospital Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 16 / 2009
Transaction ID: SA11AI.6302
 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: (check only one)	PAGE 15 / 26
	<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) Daniel E Lucas		Date of Receipt MM / DD / YYYY 05 / 30 / 2009		
	Mailing Address 5718 Dalton Creek Way		Transaction ID: SA11AI.6368		
	City Pleasanton	State CA	Zip Code 94566	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Valley Care 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. Mylon Marshall		Date of Receipt MM / DD / YYYY 05 / 21 / 2009		
	Mailing Address 2201 Lassen Pl.		Transaction ID: SA11AI.6339		
	City Davis	State CA	Zip Code 95616	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Radiological Associates of Sac	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) Louis Martin		Date of Receipt MM / DD / YYYY 05 / 08 / 2009		
	Mailing Address 1743 Council Bluff Dr. NE		Transaction ID: SA11AI.6318		
	City Atlanta	State GA	Zip Code 30345	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emory University Hospital	Occupation Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	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 16 / 26
	<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. Carl Martino		Date of Receipt	
	Mailing Address 1351 Briarhill Dr.		M M / D D / Y Y Y Y Y 0 5 / 0 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.6314
	Akron	OH	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Akron General 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) Hirschel McGinnis		Date of Receipt	
	Mailing Address 111 Warren Avenue		M M / D D / Y Y Y Y Y 0 5 / 2 8 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.6365
	Boston	MA	02116-6103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Morton Hospital		Occupation Physician		
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) James McGuckin, Jr.		Date of Receipt	
	Mailing Address 585 County Line Road		M M / D D / Y Y Y Y Y 0 6 / 0 3 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: SA11AI.6393
	Radnor	PA	19087	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Philadelphia Vascular Ins- titut		Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 / 26
(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)
 Ian McLoughlin
 Mailing Address 3120 Wild Canyon Loop
 City Austin State TX Zip Code 78732
 Date of Receipt 05 / 23 / 2009
Transaction ID: SA11AI.6343
 Amount of Each Receipt this Period 500.00
 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

B. Full Name (Last, First, Middle Initial)
 John M Neil
 Mailing Address 7445 E. Butler Drive
 City Scottsdale State AZ Zip Code 85258
 Date of Receipt 05 / 26 / 2009
Transaction ID: SA11AI.6356
 Amount of Each Receipt this Period 250.00
 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

C. Full Name (Last, First, Middle Initial)
 Dr. James Newcomb
 Mailing Address 1425 Princeton Ct.
 City Allentown State PA Zip Code 18104
 Date of Receipt 06 / 02 / 2009
Transaction ID: SA11AI.6386
 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
 Receipt For: Primary General 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 18 / 26
	<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. Andrew Novick		Date of Receipt	
	Mailing Address 6 Floral Court		M M / D D / Y Y Y Y Y 06 / 16 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6456
	Westfield	NJ	07090	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Newark Beth Israel Hospital Me		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) Jin Park		Date of Receipt	
	Mailing Address 11692 Parkside Ave		M M / D D / Y Y Y Y Y 06 / 12 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6442
	Alpharetta	GA	30005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Northside Radiology Associates		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) Dr. Steven Peck		Date of Receipt	
	Mailing Address 1745 Wazee St.		M M / D D / Y Y Y Y Y 06 / 08 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6414
	Denver	CO	80202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Advanced Medical Imaging Consu		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		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 19 / 26
(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. Donald Ponec

Mailing Address 7912 Corte Penca

City State Zip Code
Carlsbad CA 92009

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

Name of Employer Occupation
Tri-City Medical Center doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: SA11AI.6371

Amount of Each Receipt this Period
250.00

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

Mailing Address 7703 Floyd Curl Dr.

City State Zip Code
San Antonio TX 78229

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

Name of Employer Occupation
University Of Texas Health Sci doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 17 / 2009

Transaction ID: SA11AI.6463

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mohammed F Quraishi

Mailing Address 728 134th ST SW #120

City State Zip Code
Everett WA 98204

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

Name of Employer Occupation
Radia, Inc. P.S. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 08 / 2009

Transaction ID: SA11AI.6317

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 20 / 26
(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)
Praveen Reddy

Mailing Address 984 Wescott Lane NE

City Atlanta State GA Zip Code 30319-4325

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

Name of Employer Northside Radiology Associates
Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 08 / 2009

Transaction ID: SA11AI.6300

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr. Kenneth Robbins

Mailing Address 9601 Lile Dr Ste 1100

City Little Rock State AR Zip Code 72205

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

Name of Employer Radiology Consultants
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2009

Transaction ID: SA11AI.6434

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr. David Sacks

Mailing Address 1317 Old Mill Rd.

City Reading State PA Zip Code 19610

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

Name of Employer The Reading Hospital and Medic
Occupation doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2009

Transaction ID: SA11AI.6308

Amount of Each Receipt this Period
250.00

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 21 / 26
(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. Richard Saxon

Mailing Address 4002 Vista Way

City State Zip Code
Oceanside CA 92056

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

Name of Employer Occupation
Tri-City Medical Center doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 12 / 2009

Transaction ID: SA11AI.6329

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert J Schmall

Mailing Address 5025 Deer View Road

City State Zip Code
Cedar Rapids IA 52411

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

Name of Employer Occupation
Radiology Consultants of Iowa Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2009

Transaction ID: SA11AI.6322

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 4488 E. Overlook Dr

City State Zip Code
Williamsville NY 14221

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

Name of Employer Occupation
Catholic Health Systems doctor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 08 / 2009

Transaction ID: SA11AI.6413

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 22 / 26
	<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) Sandy Shultz		Date of Receipt
	Mailing Address 1021 Johnson St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 27 / 2009
	City	State	Zip Code
	Key West	FL	33040
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6361
Name of Employer Radiology in Paradise		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"/> 350.00

B.	Full Name (Last, First, Middle Initial) Dr. Ezequiel Silva		Date of Receipt
	Mailing Address 422 Normandy Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 19 / 2009
	City	State	Zip Code
	San Antonio	TX	78209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6469
Name of Employer South Texas Radiology Gro- up		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"/> 500.00

C.	Full Name (Last, First, Middle Initial) Dr. Suzanne Slonim		Date of Receipt
	Mailing Address 4435 Holland Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 23 / 2009
	City	State	Zip Code
	Dallas	TX	75219
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.6342
Name of Employer Methodist Hospital Of Dal- las		Occupation doctor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1100.00
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 23 / 26
(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)
Eric Spak

Mailing Address 633 Gov. Carlos G. Camacho Rd
Suite 210

City State Zip Code
Tamuning GU 96913-3143

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

Name of Employer Occupation
 Naval Medical 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
 0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6507

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3800 Reservoir Road, Nw
Cg201

City State Zip Code
Washington DC DC 20007

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

Name of Employer Occupation
 Georgetown University Medical 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
 0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6516

Amount of Each Receipt this Period
 250.00

C. 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 Occupation
 n/a 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
 0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6355

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 24 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr. Frank Taylor	Date of Receipt MM / DD / YYYY 05 / 09 / 2009
	Mailing Address 3100 E Fletcher Ave	Transaction ID: SA11AI.6321
	City Tampa State FL Zip Code 33613	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: University Community Hospital Occupation: doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Dr. Chandrasekar Venugopal	Date of Receipt MM / DD / YYYY 06 / 06 / 2009
	Mailing Address 3271 E. Via Montiano	Transaction ID: SA11AI.6403
	City Clovis State CA Zip Code 93611	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Community Interventional Assoc 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. Charles Yim	Date of Receipt MM / DD / YYYY 05 / 26 / 2009
	Mailing Address 5 Castlewall Ct.	Transaction ID: SA11AI.6357
	City Lutherville Timoni State MD Zip Code 21093	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Advanced Radiology Occupation: doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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 25 / 26	
	(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"/> 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) Dariusz Zawierucha		Date of Receipt	
	Mailing Address 1 Cairnbrae Hills		M M / D D / Y Y Y Y 06 / 19 / 2009	
	City	State	Zip Code	Transaction ID: SA11AI.6467
	Mason City	IA	50401	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Radiologists of North low-a, PC		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)	250.00
TOTAL This Period (last page this line number only)	21500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) RICHARD M BURR</p> <p>Mailing Address POST OFFICE BOX 5928</p> <p>City WINSTON-SALEM State NC Zip Code 27113</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name RICHARD BURR COMMITTEE; THE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6473 Date of Disbursement 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) THOMAS EDMUNDS PRICE</p> <p>Mailing Address P.O. Box 425</p> <p>City Roswell State GA Zip Code 30077</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name PRICE FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6482 Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) JOHN SCHWARZ</p> <p>Mailing Address 251 Central Street</p> <p>City Battle Creek State MI Zip Code 49017</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name SCHWARZ FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.6479 Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

4500.00