

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

OCT 14 AM 10:37

Office Use Only

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

VA

22033

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

SIRPACESIRWEB.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SIRPAC.ORG

COMMITTEE'S FAX NUMBER

703-691-1855

2. DATE

10

06

2008

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

DOUGLAS HUYNH

Signature of Treasurer

Date

10

06

2008

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.

Office
Use
Only

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

FEC FORM 1

(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation
 - Membership Organization
 - Corporation w/o Capital Stock
 - Trade Association
 - Labor Organization
 - Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number: C
2. _____ FEC ID number: C
3. _____ FEC ID number: C
4. _____ FEC ID number: C
5. _____ FEC ID number: C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

SOCIETY OF INTERVENTIONAL RADIOLOGY

Mailing Address 3975 FAIR RIDGE DRIVE SUITE 400 NORTH FAIRFAX VA 22033- CITY STATE ZIP CODE

Relationship:

- Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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 JEFF NIELSEN Mailing Address 3975 FAIR RIDGE DRIVE SUITE 400 NORTH FAIRFAX VA 22033- CITY STATE ZIP CODE Title or Position ASSISTANT 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 DOUGLAS HUYNH Mailing Address 3975 FAIR RIDGE DRIVE SUITE 400 NORTH FAIRFAX VA 22033- CITY STATE ZIP CODE Title or Position TREASURER Telephone number 703-691-1805

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Full Name of Designated Agent

J.C.F. Nielsen

Mailing Address

3975 FAIR RIDGE DRIVE

SUITE 400 NORTH

FAIRFAX

VA

22033-

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

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

28039852995

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/7/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ES 10/14/08
 PREPARER DATE PREPARED

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