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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	or Other Than Ar	1 Authorized	d Committe	e		Office Use Only		
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		ample: If typin r the lines.	g, type	12FE4M5			
SOCIETY FOR CARDIO	VASCULAR ANG	GIOGRAPH	Y AND IN	TERVEN	TIONS ASS	SOCIATION F	PAC	
ADDRESS (number and street)								
Check if different	Suite 330							
than previously reported. (ACC)	WASHINGTON				DC	20036	-	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦			STATE A	ZIP CO	DE 🛦	
C C00519371		3. IS THIS REPORT		IEW N) OR	AM (A)	IENDED		
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8) ×	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)	
(a) Quarterly Reports:		Mar 20 (M3)		un 20 (M6)	Sep	20 (M9)	(Non-Election Year Only)	
April 15	4)L	Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)	
Quarterly Report (Q July 15	(c) 12-Day	on	Primary (12P)	General ((12G)	Runoff (12R)	
Quarterly Report (Q October 15	2) Report for		Convention (12C)	Special (12S)		
Quarterly Report (Q January 31	3)		M = M /	D D /	Y Y Y Y	in the		
Year-End Report (Y	Ξ)	Election on				State of	of	
July 31 Mid-Year Report (Non-electior Year Only) (MY)	(d) 30-Day POST-Electors Report for		General (30G	i)	Runoff (3	0R)	Special (30S)	
Termination Report (TER)		Election on	M = M /	D = D /	Y = Y = Y = Y	in the State o	of	
5. Covering Period 10		2013	through	M M M	31	2013		
I certify that I have examined thi	s Report and to the b	est of my kno	wledge and b	elief it is tru	ue, correct and	l complete.		
Type or Print Name of Treasurer Norman Marc Linsky								
Signature of Treasurer Norman Marc Linsky [Electronically Filed] Date 11 20 2013								
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.								
Office Use						FEC FOR Rev. 12/2		
l I Only I	I	1 1			1 1			

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

10 01 2013 10 2013 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 20750.01 January 1, 2013 (b) Cash on Hand at 45798.01 Beginning of Reporting Period..... 31048.00 500.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 46298.01 51798.01 6(a) and 6(c) for Column B)..... 0.00 5500.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 46298.01 46298.01 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

R	eport Covering the Period: From:	01 2013	To: 10 / 31 / 2013				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		<u> </u>				
	Than Political Committees (i) Itemized (use Schedule A)	500.00	29518.00				
	(ii) Unitemized(iii) TOTAL (add	0.00	1530.00				
	Lines 11(a)(i) and (ii)	500.00	31048.00				
	(b) Political Party Committees	0.00	0.00				
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00				
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	500.00	31048.00				
12.	Party Committees	0.00	0.00				
13.	All Loans Received	0.00	0.00				
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00				
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00				
17	to Federal Candidates and Other Political Committees	0.00	0.00				
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00				
	(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))▶	500.00	31048.00				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	500.00	31048.00				

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
Operating Expenditures:	Iotai IIII3 Fellou	Calellual Teaf-IO-Date
(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	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	0.00	5500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loan riepayments wade		
Loans Made	0.00	0.00
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	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) Federal State	7	
(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
Tall Bill and a first and a fi		
Total Disbursements (add Lines 21(c), 22,	2.22	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	5500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	5500.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	31048.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500.00	31048.00
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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	6		
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		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.

or for commercial purposes, oth	er than using the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In I SOCIETY FOR CARE	Full) DIOVASCULAR ANGIOGRAPHY AND INTERV	ENTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Dr. Bonnie Weiner Mailing Address Post Office B		Date of Receipt
City Harvard FEC ID number of contributir federal political committee. Name of Employer Bonnie H Weiner MD PC Receipt For: Primary Gene	Occupation Physician Aggregate Year-to-Date ▼	Transaction ID : SA11AI.4401 Amount of Each Receipt this Period 500.00
Other (specify) Full Name (Last, First, Middle	4000.00	
Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributir federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary Gene Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributir federal political committee. Name of Employer		Amount of Each Receipt this Period
Receipt For: Primary Gene Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This P	age (optional)	500.00
TOTAL This Period (last page	this line number only)	500.00