

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Society for Cardiovascular Angiography and Interventions Association PAC

ADDRESS (number and street) 1100 17th Street
Suite 400
 Check if different than previously reported. (ACC)
Washington DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00519371 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 / 08 / 2022 in the State of DC

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y
10 / 20 / 2022 through 11 / 28 / 2022

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

Signature of Treasurer Seto, Arnold, , Dr, [Electronically Filed] Date 02 / 21 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Society for Cardiovascular Angiography and Interventions Association PAC

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="2022"/>		85409.77
(b) Cash on Hand at Beginning of Reporting Period.....	90036.62	
(c) Total Receipts (from Line 19)	16812.11	65046.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	106848.73	150456.26
7. Total Disbursements (from Line 31).....	5034.89	48642.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101813.84	101813.84
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 for Cardiovascular Angiography and Interventions Association PAC

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).....	15612.11	51162.11
(ii) Unitemized	1200.00	1800.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16812.11	52962.11
(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)	16812.11	52962.11
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	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3584.38
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)).....▶	16812.11	65046.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16812.11	65046.49

DETAILED SUMMARY PAGE
of Disbursements

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	34.89	993.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34.89	993.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	47500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	148.51
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5034.89	48642.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5034.89	48642.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	16812.11	52962.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16812.11	52962.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34.89	993.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34.89	993.91

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

Amending to correct balances incorrectly filed previously and in response to the RFAI dated 2/14/23 an updated statement of organization has been filed to reflect the new treasurer.

Form/Schedule:

Transaction ID:

**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 7 OF 18
	<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 for Cardiovascular Angiography and Interventions Association PAC

A. Almanfi, Abdelkader, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2230 Rockhaven Drive

City Houston	State TX	Zip Code 77062-4720
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Texas Heart Institute	Occupation (for Individual) Interventional Cardiologist
--	--

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
11	/	06	/	2022

Transaction ID : 15197001

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

B. Alperovich, Alexander, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 327 Summar Dr
Apex Cardiology

City Jackson	State TN	Zip Code 38301-3930
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Jackson-Madison County General Hospita	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	06	/	2022

Transaction ID : 15197002

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Basir, Mir, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Ford Place

City Detroit	State MI	Zip Code 48202-3450
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford Health System	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	07	/	2022

Transaction ID : 15197011

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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: (check only one)	PAGE 8 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Cannon, Louis, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 Bridge St

City Charlevoix	State MI	Zip Code 49720-1404
--------------------	-------------	------------------------

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

Name of Employer (for Individual) BioStar Capital	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1111.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2022

Transaction ID : 15197020

Amount of Each Receipt this Period
1111.11

Memo Item

SCAI PAC Contribution

B. Cox, David, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2501 Monet Ter

City Charlotte	State NC	Zip Code 28226-3301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sangers Heart & Vascular	Occupation (for Individual) Interventional Cardiologist
---	--

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
11	/	14	/	2022

Transaction ID : 15197025

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

C. Desai, Aashish, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 351 Valley Brook Drive, NE

City Atlanta	State GA	Zip Code 30342-3301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northside Hospital	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	2022

Transaction ID : 15197031

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2361.11
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 9 OF 18
	<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 for Cardiovascular Angiography and Interventions Association PAC

A. Edris, Ahmad, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Marsh Creek

City Laguna Niguel	State CA	Zip Code 92677-1013
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cleveland Clinic	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	11	/	2022

Transaction ID : 15197034

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Goldsweig, Andrew, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 Chestnut Street

City Springfield	State MA	Zip Code 01199-1001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Massachusetts Baystate M	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	23	/	2022

Transaction ID : 15197038

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Guven, Hasan, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 512 Lake Colony Drive

City Vestavia	State AL	Zip Code 35242-7410
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Alabama Cardiovascular Group 3	Occupation (for Individual) Interventional Cardiologist
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	08	/	2022

Transaction ID : 15197040

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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: (check only one)	PAGE 10 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Henry, Timothy, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Roebling Way #801

City Covington	State KY	Zip Code 41011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Christ Hospital Health Network	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	22	/	2022

Transaction ID : 15197045

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Ing, Frank, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7148 Sutter Ave

City Carmichael	State CA	Zip Code 95608-2856
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) UC Davis	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	20	/	2022

Transaction ID : 15197051

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

C. Kado, Herman, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32255 Northwestern Highway

City Farmington Hills	State MI	Zip Code 48334-1566
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Beaumont Health	Occupation (for Individual) Interventional Cardiologist
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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
11	/	08	/	2022

Transaction ID : 15197053

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 11 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Kavinsky, Clifford, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1725 West Congress Parkway
Suite 307

City Chicago	State IL	Zip Code 60612-3809
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Rush Medical	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	24	/	2022

Transaction ID : 15197056

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Kerrigan, Jimmy, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Lynnwood Blvd

City Nashville	State TN	Zip Code 37205-2903
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Ascension Saint Thomas Hospital	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
501.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2022

Transaction ID : 15197058

Amount of Each Receipt this Period
501.00

Memo Item

SCAI PAC Contribution

C. Klein, Andrew, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Collier Road

City Atlanta	State GA	Zip Code 30309-1796
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Piedmont Heart	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	2022

Transaction ID : 15197061

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1251.00
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 12 OF 18
	<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 for Cardiovascular Angiography and Interventions Association PAC

A. Kolansky, Daniel, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 Civic Center Blvd

City Philadelphia	State PA	Zip Code 19104-5127
----------------------	-------------	------------------------

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

Name of Employer (for Individual) UPenn Hospital	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2022

Transaction ID : 15197064

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Mathews, Biju, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8582 Eden Isles Lane

City Merritt Island	State FL	Zip Code 32952-6800
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Florida Cardiovascular Associa	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		23		2022

Transaction ID : 15197075

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

C. Messenger, John, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12401 East 17th Ave
Box B132

City Aurora	State CO	Zip Code 80045-2589
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U of Colorado Medical	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2022

Transaction ID : 15197076

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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 13 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Messerli, Adrian, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 South Limestone

City Lexington	State KY	Zip Code 40536-0001
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Kentucky	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 28 / 2022

Transaction ID : 15197077

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

B. O'Shaughnessy, Charles, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 East Broad Street, Suite 305

City Elyria	State OH	Zip Code 44035-6447
----------------	-------------	------------------------

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

Name of Employer (for Individual) Northern Ohio Heart	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 24 / 2022

Transaction ID : 15197079

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Raju, Manjuath, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1947 Woodson Loop

City Eugene	State OR	Zip Code 97405-7019
----------------	-------------	------------------------

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

Name of Employer (for Individual) Oregon Heart & Vascular	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2022

Transaction ID : 15197083

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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 14 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Shah, Binita, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Ave A, Apt 2D

City New York	State NY	Zip Code 10009-6175
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Grossman School of Medicine	Occupation (for Individual) Interventional Cardiologist
--	--

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	/	2022

Transaction ID : 15197090

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Soukas, Peter, A, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 208 Collyer Street Suite 100

City Providence	State RI	Zip Code 02904-1560
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cardiovascular Institute	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	28	/	2022

Transaction ID : 15197092

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

C. Szerlip, Molly, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3463 Foxboro Drive

City Richardson	State TX	Zip Code 75082-4124
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Baylor Scott & White Health	Occupation (for Individual) Interventional Cardiologist
--	--

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	/	2022

Transaction ID : 15197096

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Thompson, Charles, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4225 Port Hudson Pride Rd

City Zachary	State LA	Zip Code 70791-7111
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Cardiovascular Institute of S	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	27	/	2022

Transaction ID : 15197098

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

B. Timir, Paul, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5107 Harvard Ct

City Brentwood	State TN	Zip Code 37027-3025
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Tennessee Health	Occupation (for Individual) Interventional Cardiologist
---	--

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	/	13	/	2022

Transaction ID : 15197099

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Trivax, Justin, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 909 Fairfax Street

City Birmingham	State MI	Zip Code 48009-1236
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Beaumont Hospital - Royal Oak	Occupation (for Individual) Interventional Cardiologist
--	--

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	/	06	/	2022

Transaction ID : 15197102

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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 16 OF 18
<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 for Cardiovascular Angiography and Interventions Association PAC

A. Tummala, Pradyumna, E, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6135 Barfield Road
Suite 100

City Atlanta State GA Zip Code 30328-4308

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

Name of Employer (for Individual) Northside Hospital Cardiovascular Inst Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 06 / 2022
Transaction ID : 15197104

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

B. Tuohy, Edward, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Wheelers Farms Road
Unit 101

City Milford State CT Zip Code 06461-1994

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

Name of Employer (for Individual) Cardiac Specialists, PC Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 28 / 2022
Transaction ID : 15197105

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

C. Urban, Paul, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3400 SW 4th Avenue

City Ocala State FL Zip Code 34471-7223

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

Name of Employer (for Individual) Cardiovascular Institute of Central Fl Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2022
Transaction ID : 15197106

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	15612.11

**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"/> 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 for Cardiovascular Angiography and Interventions Association PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address 900 17th St NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Merchant Fee

001

Category/
Type

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
11			10			2022			

FEC Identification Number

C []

Transaction ID : 15197133

Amount of Each Disbursement this Period

[] 34.89

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 34.89

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

[] 34.89

**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"/> 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 for Cardiovascular Angiography and Interventions Association PAC

Full Name (Last, First, Middle Initial)

A. Bilirakis For Congress

Mailing Address PO Box 606

City
Tarpon Springs

State
FL

Zip Code
34688-0606

Purpose of Disbursement
SCAI PAC Contribution to Candidate

Category/
Type

Candidate Name

Bilirakis, Gus, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15202500

Amount of Each Disbursement this Period

Memo Item SCAI PAC Contribution to Candidate

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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