Image# 15970686087 PAGE 1 / 8

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I ONIVI 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	12FE4M5
SOCIETY FOR CARD	IOVASCULAR ANGIO	GRAPHY AND INTER	VENTIONS ASSOCIATION PAC
ADDRESS (number and street) ▼	1100 17th Street, NW Suite 330		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20036 -
2. FEC IDENTIFICATION I	NUMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00519371		IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) X May 20 ar 20 (M3) Jun 20	(Non-Election Year Only)
(a) Quarterly Reports: April 15	Ap	r 20 (M4) Jul 20	Year Only)
Quarterly Report July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report October 15 Quarterly Report	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report	(YE) Electi	on on	in the State of
July 31 Mid-Year Report (Non-elec Year Only) (MY)		General (30G)	Runoff (30R) Special (30S)
Termination Repo (TER)	ort	on on	in the State of
5. Covering Period	04 01 / 2015		04 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined	this Report and to the best of	f my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasu	rer Dr. Thomas Tu		
Signature of Treasurer Dr	: Thomas Tu	[Electronically Filed]	Date 05 / 01 / 2015
NOTE: Submission of false, erro	oneous, or incomplete information	on may subject the person sig	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

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

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2015		62616.01
	(b) Cash on Hand at Beginning of Reporting Period	63466.01	
	(c) Total Receipts (from Line 19)	5050.00	6900.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	68516.01	69516.01
7.	Total Disbursements (from Line 31)	1000.00	2000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67516.01	67516.01
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	

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: 04	01 2015	To: 04 / 30 / 2015		
	I. Receipts	I. Receipts COLUMN A Total This Period			
11.	Contributions (other than loans) From: (a) Individuals/Persons Other				
	Than Political Committees				
	(i) Itemized (use Schedule A)	4750.00	6500.00		
	(,,				
	(ii) Unitemized(iii) TOTAL (add	300.00	400.00		
	Lines 11(a)(i) and (ii)	5050.00	6900.00		
	(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)	5050.00	6900.00		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	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	7 7	7 7		
10.	to Federal Candidates and Other				
	Political Committees	0.00	0.00		
17.	Other Federal Receipts	7	7 7		
	(Dividends, Interest, etc.)	0.00	0.00		
18.	Transfers from Non-Federal and Levin Funds	7			
	(a) Non-Federal Account				
	(from Schedule H3)	0.00	0.00		
		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))▶	5050.00	6900.00		
20	Total Fodoral Possints				
∠∪.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5050.00	6900.00		

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: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Culonal Four to Duto
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
`	Expenditures	0.00	0.00
(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Fransfers to Affiliated/Other Party	0.00	0.00
3. (Contributions to	0.00	3.00
F 8	Federal Candidates/Committees and Other Political Committees	1000.00	2000.00
	ndependent Expenditures		
5 (use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d))	0.00	0.00
(use Schedule F)	7	0.00
6. L	oan Repayments Made	0.00	0.00
7. L	oans MadeRefunds of Contributions To:	0.00	0.00
	a) Individuals/Persons Other	0.00	0.00
	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		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
	(444 25 25(4), (5), 4.14 (5),	7	
9. (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
		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	7	
,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	5 to 1 Distriction () 1 1 1 1 1 2 2 4 4 5 2 5		
	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29, and 30(c))	1000.00	0000.00
2	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	2000.00
2. 1	Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
f	rom Line 31)	1000.00	2000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5050.00	6900.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5050.00	6900.00		
3. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
8. 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	8
(check only one)								
×	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, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULA	AR ANGIOGRAPHY AND INTERVE	NTIONS ASSOCIATION PAC
Α.	Full Name (Last, First, Middle Initial) Dr. James Blankenship		Date of Receipt
	Mailing Address 54 Overlook Drive		04 27 2015
	City	State Zip Code	Transaction ID : SA11AI.4620
	Danville	PA 17821	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Geisinger	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1000.00	
— R	Full Name (Last, First, Middle Initial) Dr. Charles E Chambers		Date of Receipt
υ.	Mailing Address 9 Ramshead Gate		
	Walling Address 9 Ramsnead Gate		04 27 _2015 _
	City	State Zip Code	Transaction ID : SA11AI.4619
	Hummelstown	PA 17036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Penn State	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	Aggregate rear-to-bate ¥	
	Other (specify) ▼	1000.00	
	Full Name (Last, First, Middle Initial) Dr. James W Choi		Date of Receipt
	Mailing Address 2701 Amherst Ave		04
	City	State Zip Code	Transaction ID : SA11AI.4626
	Dallas	TX 75225	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	Cardio Consultants of Texas	Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
s	UBTOTAL of Receipts This Page (optional)		2500.00
т	OTAL This Period (last page this line number of	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	OF	8	
(check only one)									
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial)	ULAR ANGIOGRAPHY AND INTERVE	
Dr. Peter Duffy Mailing Address 7 Regional Circle		Date of Receipt
City	State Zip Code	04 27 2015 Transaction ID : \$41141.4618
Pinehurst	NC 28374	Transaction ID : SA11AI.4618 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Pinehurst Cardiology Consultan	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dr. Steve Gigliotti	•	Date of Receipt
Mailing Address 2310 Pruett Street		M = M / D = D / Y = Y = Y
City	State Zip Code	04 22 2015 Transaction ID : SA11AI.4621
Austin	TX 78703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Seton Heart Institute	Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Lisa K Olson		Date of Receipt
Mailing Address 2307 37th Street NW		04 07 2015
City Washington	State Zip Code DC 20007	Transaction ID : SA11AI.4623 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
SCAI	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional))	2250.00

SCHEDULE B (FEC Form 3X)		EOD LINE	NE NUMBER: PAGE 8 OF 8					
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	nly one)					
	for each category of the Detailed Summary Page	21b	22 🗶 23 🗌 24	25 26				
		27	28a 28b 28c	29 30b				
Any information copied from such Reports and Si								
or for commercial purposes, other than using the	name and address of any politica	al committee to	solicit contributions from such co	ommittee.				
NAME OF COMMITTEE (In Full)) INITED\/E	NITIONIC ACCOCIATION	I DAC				
$ \hspace{.05cm} angle$ SOCIETY FOR CARDIOVASCUL.	AR ANGIOGRAPHY ANL	JINTERVE	:N110N5 A550CIA110N	N PAC				
Full Name (Last, First, Middle Initial)								
A. The HEALTHCARE FREEDOM	FUND		Date of Disbursement					
			M M / D D / Y Y	YYY				
Mailing Address PO BOX 2485			04 07 20	015				
City	State Zip Code							
SPRINGFIELD	VA 22152		Transaction ID : SB23.4627					
Purpose of Disbursement								
		!!	Amount of Each Disbursement	t this Period				
Candidate Name		Category/		1000.00				
000		Туре	7	1000.00				
Office Sought: House Disbu	rsement For: 2016 Primary General							
President	Other (specify)							
State: District:	Curior (opeciny)							
Full Name (Last, First, Middle Initial)								
B.			Date of Disbursement					
			M M / D D / Y Y	YY				
Mailing Address								
City	State Zip Code							
Oity	State Zip Code							
Purpose of Disbursement								
		L II	Amount of Each Disbursement	t this Period				
Candidate Name		Category/						
Office Sought: House Disbu	rsement For:	Туре	7					
Senate	Primary General							
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
			M M / D D / Y Y	YY				
Mailing Address								
City	State Zip Code							
	2.p 0000							
Purpose of Disbursement								
			Amount of Each Disbursement	t this Period				
Candidate Name		Category/						
Office Sought: House Disbu	rsement For:	Туре						
Senate	Primary General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (option	al)			1000.00				
				1000.00				
TOTAL This Period (last page this line number of	nly)			1000.00				