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Image# 14960469109

**FEC** 

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For Other Than An Authorized Committee	Office Use Only
1. NAME OF TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVEN	TIONS 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 NUMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00519371 3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)  (b) Monthly Report Due On:  May 20 (M2)  May 20 (M5)  Jun 20 (M6)	Aug 20 (M8)    Nov 20 (M11) (Non-Election Year Only)   Sep 20 (M9)   Dec 20 (M12)
(a) Quarterly Reports:  Apr 20 (M4)  Jul 20 (M7)	Oct 20 (M10)   Jan 31 (YE)
April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P)	General (12G) Runoff (12R)
July 15 Quarterly Report (Q2)  PRE-Election Report for the: Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)	
January 31 Year-End Report (YE)  Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)  (d) 30-Day  POST-Election Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	in the State of
5. Covering Period 01 01 2014 through 01	31 2014
certify that I have examined this Report and to the best of my knowledge and belief it is tr	ue, correct and complete.
Type or Print Name of Treasurer Norman Marc Linsky	
Signature of Treasurer  Norman Marc Linsky  [Electronically Filed]	Date 02 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing t	his 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) Page 2

Write or Type Committee Name

#### SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

01 2014 01 2014 Report Covering the Period: 01 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 43498.01 January 1, 2014 (b) Cash on Hand at 43498.01 Beginning of Reporting Period..... 500.00 500.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 43998.01 43998.01 6(a) and 6(c) for Column B)..... 0.00 0.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 43998.01 43998.01 (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		o: 01 31 2014			
	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)	500.00	500.00			
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00			
	Lines 11(a)(i) and (ii)▶	500.00	500.00			
	<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	0.00	0.00			
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00			
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	500.00	500.00			
12.	Transfers From Affiliated/Other 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			
10.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00			
16.	Refunds of Contributions Made to Federal Candidates and Other					
17.	Political Committees Other Federal Receipts	0.00	0.00			
18.	(Dividends, Interest, etc.)	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	500.00			
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	500.00	500.00			

## **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
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I ollow	Salchual Teal-to-Date
	(i) Federal Share	0.00	0.00
	(i) Todoral Chare		
	(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
2.	Transfers to Affiliated/Other Party		0.00
· .	Committees Contributions to	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
	Independent Expenditures	0.00	0.00
	(use Schedule E) Coordinated Party Expenditures	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
			0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(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
9.	Other Disbursements	0.00	0.00
٠.	Other Disbursements	0.00	0.00
١.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	5.00
	(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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	7	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	0.00
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	0.00	0.00
	from Line 31)	0.00	0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

pursements Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	500.00	
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	500.00	
6. 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	
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		
(check only one)										
[	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.

ΟI	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.						
$\rangle$	NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC						
١.	Full Name (Last, First, Middle Initial) Dr. Bonnie Weiner Mailing Address Post Office Box 707	Date of Receipt  O1 20 2014					
	City	State Zip Code	Transaction ID : SA11AI.4438				
	Harvard	MA 01451	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer	Occupation					
	Bonnie H Weiner MD PC	Physician					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00					
3.	Full Name (Last, First, Middle Initial)	Date of Receipt					
	Mailing Address	M = M / D = D / Y = Y = Y					
	City	State Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C					
	Name of Employer	Occupation					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
_	Full Name (Last, First, Middle Initial)		Date of Receipt				
٠.	Mailing Address	M = M / D = D / Y = Y = Y					
	City	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C					
	Name of Employer						
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼					
s	UBTOTAL of Receipts This Page (optional)	·····	500.00				
T	OTAL This Period (last page this line number o	nly)	500.00				