

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Society For Cardiovascular Angiography And Interventions 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="2023"/>		120266.36
(b) Cash on Hand at Beginning of Reporting Period.....	120266.36	
(c) Total Receipts (from Line 19)	21114.90	21114.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	141381.26	141381.26
7. Total Disbursements (from Line 31).....	40290.81	40290.81
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	101090.45	101090.45
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 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).....	18500.00	18500.00
(ii) Unitemized	975.00	975.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	19475.00	19475.00
(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)	19475.00	19475.00
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1639.90	1639.90
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)).....▶	21114.90	21114.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21114.90	21114.90

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	1790.81	1790.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1790.81	1790.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	38500.00
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	0.00
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)) ..	40290.81	40290.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40290.81	40290.81

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)	19475.00	19475.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19475.00	19475.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1790.81	1790.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1790.81	1790.81

**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 6 OF 19
<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 PAC

A. Sheth, Neerav, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 Penny Ln
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiology Consultants of Philadelphia Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 17 / 2023
Transaction ID : A-1
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

B. Morshed, Ahmad, Hossen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Bedford Ave
 City Brooklyn State NY Zip Code 11229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Annot Ogden Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2023
Transaction ID : A-12
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Seto, Arnold, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 159 N Savona Walk
 City Long Beach State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VA Health Long Beach Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2023
Transaction ID : A-13
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC

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 7 OF 19
	<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 PAC

A. Lichaa, Hady, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1406 Avellino Cir
 City Murfreesboro State TN Zip Code 37130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascension Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 14 / 2023**
Transaction ID : A-14
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Marshall, Jeffery, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7935 Innsbruck Dr NE
 City Atlanta State GA Zip Code 30350
 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 ▼ 2500.00

Date of Receipt **02 / 13 / 2023**
Transaction ID : A-2
 Amount of Each Receipt this Period 2500.00
 Memo Item
 SCAI PAC Contribution

C. Ibebuogu, Uzoma, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1211 Union Ave, Suite 965 Suite 965
 City Memphis State TN Zip Code 38104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The University of Tennessee Health Sci Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 18 / 2023**
Transaction ID : A-4
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 19
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Society For Cardiovascular Angiography And Interventions PAC

A. Daggubati, Ramesh, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 8500
 City Morgantown State WV Zip Code 26506
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) U of West Virginia Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 17 / 2023
Transaction ID : A-F
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

B. Hoyer, Mark, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 705 Riley Hospital Drive
 City Indianapolis State IN Zip Code 46202
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Ridley Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 20 / 2023
Transaction ID : A-G
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

C. Tukaye, Deepali, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bradley Park Ln, Apt 121 Apt 121
 City Cumming State GA Zip Code 30040
 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 ▼ 1500.00

Date of Receipt 05 / 16 / 2023
Transaction ID : A-I
 Amount of Each Receipt this Period 1500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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 9 OF 19
<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 PAC

A. Dupont, Allison, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3556 Lake Ridge Dr
 City Gainesville State GA Zip Code 30506
 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 ▼ 500.00

Date of Receipt 06 / 28 / 2023
Transaction ID : A-J
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

B. Morshed, Ahmad, Hossen, , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4229 Bedford Ave
 City Brooklyn State NY Zip Code 11229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arnot Ogden Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2023
Transaction ID : A-K
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Dargas, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address BOX 1030
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 10 / 2023
Transaction ID : A-L
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
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 19
<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 PAC

A. Goldsweig, Andrew, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 759 Chestnut St
 City Springfield State MA Zip Code 01107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) U Mass Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 18 / 2023
Transaction ID : A-M
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Pitta, Sridevi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7108 Basket Flower Rd
 City Argyle State TX Zip Code 76226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Health Presb. Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 15 / 2023
Transaction ID : A-N
 Amount of Each Receipt this Period 5000.00
 Memo Item
 SCAI PAC Contribution

C. Marshall, Jeffery, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7935 Innsbruck Dr NE
 City Atlanta State GA Zip Code 30350
 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 ▼ 5000.00

Date of Receipt 05 / 18 / 2023
Transaction ID : A-O
 Amount of Each Receipt this Period 2500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	7750.00
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 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Society For Cardiovascular Angiography And Interventions PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kern, Morton, , ,

Mailing Address 5901 E 7th St, 3Rd Floor
3Rd Floor

City Long Beach State CA Zip Code 90822

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

Name of Employer (for Individual) VA Health Long Beach Occupation (for Individual) Interventional Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2023

Transaction ID : A-P

Amount of Each Receipt this Period
1000.00

Memo Item
SCAI PAC Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	18500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Society For Cardiovascular Angiography And Interventions PAC

A. Truist
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1639.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2023
Transaction ID : A-3
 Amount of Each Receipt this Period
 100.00
 Memo Item
 Truist Online Transfer - Contribution deposit (previous acct error)

B. Truist
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1639.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 09 / 2023
Transaction ID : A-6
 Amount of Each Receipt this Period
 1539.90
 Memo Item
 Truist Online Transfer - C6 payment for 2022 merchant fees

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1639.90
TOTAL This Period (last page this line number only).....	1639.90

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 PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Merchant Bank 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 Y Y
04 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-10

Amount of Each Disbursement this Period

[REDACTED] 34.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address

City

State

Zip Code

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 Y Y
06 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-15

Amount of Each Disbursement this Period

[REDACTED] 363.57

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Bank 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 Y Y
06 / 12 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-17

Amount of Each Disbursement this Period

[REDACTED] 34.89

Memo Item

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

[REDACTED] 433.35

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

[REDACTED]

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 PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Suntrust 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 Y Y
02 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-9

Amount of Each Disbursement this Period

[REDACTED] 34.89

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Suntrust 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 Y Y
03 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-A

Amount of Each Disbursement this Period

[REDACTED] 34.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Suntrust 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 Y Y
01 / 10 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : B-B

Amount of Each Disbursement this Period

[REDACTED] 153.89

Memo Item

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

[REDACTED] 223.67

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

[REDACTED]

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 PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Merchant Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
02			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-C

Amount of Each Disbursement this Period

[REDACTED] 121.64

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Merchant BankCD Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-D

Amount of Each Disbursement this Period

[REDACTED] 130.09

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Merchant Bank CD

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			03			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-E

Amount of Each Disbursement this Period

[REDACTED] 696.85

Memo Item

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

[REDACTED] 948.58

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

[REDACTED]

**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 PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B-U

Amount of Each Disbursement this Period

[REDACTED] 75.30

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Bank Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B-V

Amount of Each Disbursement this Period

[REDACTED] 34.89

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Truist Bank Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : B-X

Amount of Each Disbursement this Period

[REDACTED] 75.02

Memo Item

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

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

[REDACTED] 185.21

[REDACTED] 1790.81

**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 PAC

Full Name (Last, First, Middle Initial)

A. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 7754

City
WACO

State
TX

Zip Code
76714-7754

Purpose of Disbursement
SCAI PAC Contribution

011

Category/
Type

Candidate Name

Sessions, Pete, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	3

FEC Identification Number

C C00303305

Transaction ID : B-R

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement
SCAI PAC Contribution

011

Category/
Type

Candidate Name

Schrier, Kim, , Dr.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify)

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	3

FEC Identification Number

C C00652628

Transaction ID : B-S

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DR KIM SCHRIER FOR CONGRESS

Mailing Address PO BOX 2728

City
ISSAQUAH

State
WA

Zip Code
98027

Purpose of Disbursement
SCAI PAC Contribution

011

Category/
Type

Candidate Name

Schrier, Kim, , Dr.,

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	3

FEC Identification Number

C C00652628

Transaction ID : B-T

Amount of Each Disbursement this Period

1500.00

Memo Item

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

7500.00

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

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 PAC

Full Name (Last, First, Middle Initial)

A. DCCC

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003-4024

Purpose of Disbursement
SCAI PAC Contribution

011
Category/
Type

Candidate Name
DCCC

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
05 / 17 / 2023

FEC Identification Number
C C00000935
Transaction ID : B-W
Amount of Each Disbursement this Period
10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. TONY CARDENAS FOR CONGRESS

Mailing Address 122 C ST NW
STE 360

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
SCAI PAC Contribution

011
Category/
Type

Candidate Name
Cardenas, Tony, , ,

Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify)
State: CA District:

Date of Disbursement
MM / DD / YYYY
06 / 21 / 2023

FEC Identification Number
C C00498873
Transaction ID : B-Y
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement
SCAI PAC Contribution

011
Category/
Type

Candidate Name
HEALTHCARE FREEDOM FUND

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
05 / 18 / 2023

FEC Identification Number
C C00528414
Transaction ID : B-Z
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

16000.00
38500.00