

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, NW Suite 330 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00519371 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2013 through 05 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Norman Marc Linsky

Signature of Treasurer Norman Marc Linsky [Electronically Filed] Date 07 / 24 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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

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="2013"/>	<input type="text" value="20750.01"/>	<input type="text" value="20750.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33450.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9748.00"/>	<input type="text" value="24448.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="43198.01"/>	<input type="text" value="45198.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="4500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="40698.01"/>	<input type="text" value="40698.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	8768.00	23268.00
(ii) Unitemized	980.00	1180.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	9748.00	24448.00
(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)	9748.00	24448.00
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.).....	0.00	0.00
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))..... ▶	9748.00	24448.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9748.00	24448.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	4500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2500.00	4500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	4500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9748.00	24448.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9748.00	24448.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Dr. Robert M Bersin
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 5th Avenue West
 City Kirkland State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Medical Group Occupation Physician
 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 / 30 / 2013
Transaction ID : SA11AI.4304
 Amount of Each Receipt this Period
 1000.00

B. Dr. Tyrone J Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 6047 Coliseum Street
 City New Orleans State LA Zip Code 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Medical Center Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.4309
 Amount of Each Receipt this Period
 250.00

C. Dr. Larry S Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 50th Avenue
 City Seattle State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Washington Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.4312
 Amount of Each Receipt this Period
 500.00

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 11
<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. Dr. Gregory J Dehmer
Full Name (Last, First, Middle Initial)

Mailing Address 11133 Overlook Cove

City Belton State TX Zip Code 76513

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

Name of Employer Scott & White Healthcare Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013

Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
 500.00

B. Dr. Ahmed A El Ghamry Sabe
Full Name (Last, First, Middle Initial)

Mailing Address 4085 Glenmoor Road NW

City Canton State OH Zip Code 44718

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

Name of Employer Mercy Medical Center Occupation Physician

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 / 2013

Transaction ID : SA11AI.4318

Amount of Each Receipt this Period
 1000.00

C. Dr. Tony G Farah
Full Name (Last, First, Middle Initial)

Mailing Address 607 Grandview Drive

City Gibsonia State PA Zip Code 15044

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

Name of Employer WPAHS Occupation Physician

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 / 2013

Transaction ID : SA11AI.4316

Amount of Each Receipt this Period
 500.00

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 8 OF 11
<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. Dr. Kirk N Garratt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1775 York Avenue
 17B
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lennox Hill Hospital Occupation Physician
 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 / 29 / 2013
Transaction ID : SA11AI.4305
 Amount of Each Receipt this Period
1000.00

B. James B Hermiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 1284 North Claridge Way
 City Carmel State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Care Group Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.4325
 Amount of Each Receipt this Period
250.00

C. Dr. Thomas K. Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 5565 NE Windemere Rd.
 City Seattle State WA Zip Code 98105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seattle Children's Hospital Occupation Physicia
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.4349
 Amount of Each Receipt this Period
250.00

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:		PAGE 9 OF 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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. Mark E. Leimbach
Full Name (Last, First, Middle Initial)

Mailing Address Northeast Georgia Heart Center

City Gainsville State GA Zip Code 30501

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

Name of Employer Northeast Georgia Heart Center Occupation Physician

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
 05 / 15 / 2013

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
 250.00

B. Dr. John Jeffery Marshall
Full Name (Last, First, Middle Initial)

Mailing Address 7935 Innsbruck Drive

City Atlanta State GA Zip Code 30350

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

Name of Employer Northeast Georgia Heart Center Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2013

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
 1000.00

C. Dr. Srihari Naidu
Full Name (Last, First, Middle Initial)

Mailing Address 527 E. 72 #3cd

City New York State NY Zip Code 10021

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

Name of Employer Winthrop University Hospital Occupation Physician

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
 05 / 15 / 2013

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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: PAGE 10 OF 11
(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 ASSOCIATION PAC

A. Dr. John Reilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Arabella St.
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.4311
 Amount of Each Receipt this Period
 250.00

B. Dr. Kenneth Rosenfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 Prince Street
 City Newtown State MA Zip Code 02465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Massachusetts General Hospital Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1018.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2013
Transaction ID : SA11AI.4328
 Amount of Each Receipt this Period
 1018.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 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

SUBTOTAL of Receipts This Page (optional).....▶	1268.00
TOTAL This Period (last page this line number only).....▶	8768.00

**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"/> 24	<input type="checkbox"/> 25	<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. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 14 / 2013

Transaction ID : SB23.4348

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2500.00

2500.00