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Image# 14961273217

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office Us	e Only	
1.	NAME OF COMMITTEE (in for		YPE OR P	RINT ▼		mple: If typi r the lines.	ng, type	12FE4	M5		
S	OCIETY FOR C	CARDIOV	'ASCUL	AR ANG	IOGRAPH	Y AND IN	TERVENT	IONS A	SSOCIAT	TON P	PAC
ΑD	DRESS (number and	street)	1100 17th	Street, NW							
	Check if differ than previousl reported. (AC	y	Suite 330 WASHIN	GTON				DC	20036	-	
2.	FEC IDENTIFICA		IBER ▼		CITY 🛦		5	STATE A		ZIP COI	DE 🛦
	C C00519371				3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REPO	ORT	(b) Mont Repo	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	orts:			Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Н	Dec 20 (M12) (Non-Election Year Only)
	April 15 Quarterly	Report (Q1)	(c)	12-Day	Apr 20 (M4)		Jul 20 (M7)	. —	Oct 20 (M10)	╬	Jan 31 (YE)  Runoff (12R)
	July 15 Quarterly	Report (Q2)		PRE-Electio		Primary (12F		1	ral (12G) ial (12S)	ш	nulioli (12h)
	October 1 Quarterly	5 Report (Q3)		rioport for t				у у у у			
	January 3 Year-End	1 Report (YE)		E	Election on	M M /	D D /			in the State of	
	July 31 M Report (N Year Only	on-election	(d)	30-Day  POST-Electi Report for the		General (300	G)	Runo	ff (30R)		Special (30S)
	Terminatio (TER)	n Report			Election on	M = M /	D = D /	Y	Y	in the State of	
5.	Covering Period	M M 05	/ 01		014	through	M M 05	/ D D D	/ 201	4 Y	
l ce	ertify that I have exa	mined this	Report ar	nd to the be	est of mv kno	wledge and	belief it is tru	e. correct	and complet	e.	
	pe or Print Name of		Dr. Thom								
Sig	nature of Treasurer	Dr. Tho	mas Tu			[Electronicall	y Filed] D	ate 0	6 18	D /	2014
NO	TE: Submission of fa	lse, erroneoi	us, or inco	mplete infor	mation may su	ıbject the per	son signing th	is Report	to the penaltic	es of 2 L	J.S.C. §437g.
	Office Use Only									FOR ev. 12/20	

## 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, 2014		43498.01
(b)	Cash on Hand at Beginning of Reporting Period	45498.01	
(c)	Total Receipts (from Line 19)	850.00	4850.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46348.01	48348.01
'. To	tal Disbursements (from Line 31)	0.00	2000.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	46348.01	46348.01
the	ebts and Obligations Owed <b>TO</b> e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
the	ebts and Obligations Owed BY e Committee (Itemize all on chedule 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: 05		05 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)	750.00	4750.00		
	(ii) Unitemized(iii) TOTAL (add	100.00	100.00		
	Lines 11(a)(i) and (ii)▶	850.00	4850.00		
	(b) Political Party Committees (c) Other Political Committees	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) ▶	850.00	4850.00		
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		
13.	(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	0.00	0.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
	(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))▶	850.00	4850.00		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	850.00	4850.00		

#### **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	Total Ting I Gliou	Calcilual Teal-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
Ī		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to		
Federal Candidates/Committees and Other Political Committees	0.00	2000.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d))		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made	0.00	0.00
1 M I	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
man Folitical Committees	0.00	7
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
_	, , , , , , , , , , , , , , , , , , , ,	
(d) Total Contribution Refunds	0.00	
(add Lines 28(a), (b), and (c))▶	0.00	0.00
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
(7		
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	2000.00
Total Federal Disbursements		
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	2000.00
110111 EII10 01/	0.00	2000.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

pursements Page **5** 

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	850.00	4850.00		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	850.00	4850.00		
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
. 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

					PAGE	=	6	OF		6	
(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 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.				
$\rangle$		AR ANGIOGRAPHY AND INTERVE	NTIONS ASSOCIATION PAC				
Α.	Full Name (Last, First, Middle Initial) Dr. Thach N. Nguyen	Date of Receipt					
	Mailing Address 200 East 86th Place		05 30 2014				
	City 200 East 86th Place	State Zip Code IN 46410	Transaction ID : SA11AI.4486  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	250.00				
	Name of Employer Cardiovascular Clinics	Occupation Physician					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Bonnie Weiner		Date of Receipt				
	Mailing Address Post Office Box 707		05 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City Harvard	State Zip Code MA 01451	Transaction ID : SA11AI.4487  Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C	500.00				
	Name of Employer Bonnie H Weiner MD PC	Occupation Physician					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2500.00					
<u> </u>	Full Name (Last, First, Middle Initial)		Date of Receipt				
•	Mailing Address		M M / D D / Y 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 ▼					
S	SUBTOTAL of Receipts This Page (optional)		750.00				
Т	OTAL This Period (last page this line number of	only)	750.00				