

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 PAC

ADDRESS (number and street) **1100 17TH STREET**
SUITE 400
 Check if different than previously reported. (ACC) **WASHINGTON** **DC** **20036**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00519371** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 **Seto, Arnold, , Dr.,**

Signature of Treasurer **Seto, Arnold, , Dr.,** Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

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: 07 / 01 / 2023 To: 12 / 31 / 2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2023		120266.36
(b) Cash on Hand at Beginning of Reporting Period.....	101090.45	
(c) Total Receipts (from Line 19)	67138.04	88252.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	168228.49	208519.30
7. Total Disbursements (from Line 31).....	18831.30	48622.11
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	149397.19	159897.19
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Society For Cardiovascular Angiography And Interventions PAC

Report Covering the Period: From: 07 / 01 / 2023 To: 12 / 31 / 2023

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).....	62250.00	80750.00
(ii) Unitemized	4875.00	5850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	67125.00	86600.00
(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)	67125.00	86600.00
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.).....	13.04	1652.94
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)).....▶	67138.04	88252.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67138.04	88252.94

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	1331.30	3122.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1331.30	3122.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	43000.00
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	2500.00	2500.00
(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)).....	2500.00	2500.00
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)) ..	18831.30	48622.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18831.30	48622.11

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)	67125.00	86600.00
34. Total Contribution Refunds (from Line 28(d))	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64625.00	84100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1331.30	3122.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1331.30	3122.11

**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 38
	<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 PAC

A. Stein, Bernardo, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 455 Pinellas St, Suite 400
 Suite 400

City Clearwater State FL Zip Code 33756

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

Name of Employer (for Individual) Clearwater Cardiovascular Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 19 / 2023
Transaction ID : A-18

Amount of Each Receipt this Period 1000.00

Memo Item
 SCAI PAC Contribution

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

Mailing Address 2501 Citico Ave

City Chattanooga State TN Zip Code 37404

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

Name of Employer (for Individual) Chattanooga Heart Institute Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2023
Transaction ID : A-19

Amount of Each Receipt this Period 500.00

Memo Item
 PAC Donation

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

Mailing Address 3621 Windmoor Dr

City Jacksonville State FL Zip Code 32217

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

Name of Employer (for Individual) First Coast Heart and Vascular Center Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2023
Transaction ID : A-1A

Amount of Each Receipt this Period 1000.00

Memo Item
 SCAI PAC Donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 38
<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. Hawamdeh, Hussam Fawzi Ahmad, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9101 Birkshire Place
 City Fort Smith State AR Zip Code 72916
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 03 / 2023**
Transaction ID : A-1C
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

B. Kolansky, Daniel, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3400 Civic Center Blvd
 City Philadelphia State PA Zip Code 19104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Medicine Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2023**
Transaction ID : A-1D
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Raju, Manjunath, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1947 Woodson Loop
 City Eugene State OR Zip Code 97405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oregon Heart & Vascular Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 05 / 2023**
Transaction ID : A-1E
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Donation

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 38
	<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. Snyder, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Yolanda Ln
 City Dallas State TX Zip Code 75229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heartplace Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 21 / 2023
Transaction ID : A-1F
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Contribution to SCAI PAC

B. Rao, Sunil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 626 1st Ave, Apt E38G Apt E38G
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New York Langone Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2023
Transaction ID : A-1G
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Donation

C. Patel, Ankit, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4306 Alba Ln
 City Buford State GA Zip Code 30519
 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 ▼ 1000.00

Date of Receipt 10 / 30 / 2023
Transaction ID : A-1H
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Donation

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
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 38
<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. 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 Saint Thomas Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 15 / 2023
Transaction ID : A-1I
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC donation

B. Yakubov, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3705 Olentangy River Rd, Suite 100 Suite 100
 City Columbus State OH Zip Code 43214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OhioHeart Health & Vascular Physicians Occupation (for Individual) Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 13 / 2023
Transaction ID : A-1J
 Amount of Each Receipt this Period 1000.00
 Memo Item
 PAC Donation

C. Dehmer, Gregory, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2001 Crystal Spring Ave SW, Ste 20 Ste 203
 City Roanoke State VA Zip Code 24014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Carilion Clinic Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 18 / 2023
Transaction ID : A-1K
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Donation

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 10 OF 38
	<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. Hoyer, Mark, , Dr. , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9688 Winter Way
 City Zionsville State IN Zip Code 46077
 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 ▼ 1250.00

Date of Receipt 12 / 04 / 2023
Transaction ID : A-1L
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. Kurian, K. C., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2021 E Clovelly Ln
 City Saint Augustine State FL Zip Code 32092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advent Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 07 / 2023
Transaction ID : A-1M
 Amount of Each Receipt this Period 2500.00
 Memo Item
 SCAI PAC Contribution

C. Simpson, Patrick, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 205 Page Road North
 City Pinehurst State NC Zip Code 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PMC East Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 05 / 2023
Transaction ID : A-1N
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Donation

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 38
	<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. Latif, Faisal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3541 NW 173rd Cir
 City Edmond State OK Zip Code 73012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Oklahoma Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 30 / 2023
Transaction ID : A-1O
 Amount of Each Receipt this Period 1500.00
 Memo Item
 SCAI PAC Donation

B. Pyles, Joseph, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14150 Prevail Dr W
 City Carmel State IN Zip Code 46033
 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 11 / 13 / 2023
Transaction ID : A-1P
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Ing, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7148 Sutter Ave
 City Carmichael State CA Zip Code 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Davis Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2023
Transaction ID : A-1Q
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

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: (check only one)	PAGE 12 OF 38
<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. Pandrangi, Hema, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1417 Ashbury Park Place
 City Dayton State OH Zip Code 45458
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Premier Cardiovascular Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2023
Transaction ID : A-1R
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC contribution

B. Box, Lyndon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 Wyndemere Dr
 City Boise State ID Zip Code 83702
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) West Valley Medical Center Occupation (for Individual) Cardiologists
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 13 / 2023
Transaction ID : A-1S
 Amount of Each Receipt this Period 5000.00
 Memo Item
 PAC Donation

C. Ambrosia, Alphonse, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6116 E Arbor Ave, Suite 112 Suite 112
 City Mesa State AZ Zip Code 85206
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) CVAM Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 26 / 2023
Transaction ID : A-1T
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 13 OF 38
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Barker, Colin, , ,		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2023 Transaction ID : A-1U
Mailing Address 1215 21st Ave S, Suite 5209 Suite 5209		Amount of Each Receipt this Period 250.00
City Nashville	State TN	Zip Code 37232
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item PAC Contribution
Name of Employer (for Individual) Vanderbilt University Medical Center	Occupation (for Individual) Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Tommaso, Carl, , ,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2023 Transaction ID : A-1V
Mailing Address 4444 Cole Ave, Apt 119 Apt 119		Amount of Each Receipt this Period 500.00
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item SCAI PAC Contribution
Name of Employer (for Individual) Highland Park Hospital	Occupation (for Individual) Interventional Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Gupta, Anuj, , ,		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2023 Transaction ID : A-1W
Mailing Address 1400 William St		Amount of Each Receipt this Period 250.00
City Baltimore	State MD	Zip Code 21230
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item SCAI PAC Contribution
Name of Employer (for Individual) The University of Maryland, Baltimore	Occupation (for Individual) Interventional Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 350.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 14 OF 38
Use separate schedule(s) for each category of the Detailed Summary Page
[X] 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. Messenger, John, , Dr. ,
Mailing Address BOX B132
City Aurora State CO Zip Code 80045
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) University of Colorado Health Occupation (for Individual) Interventional Cardiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 12 / 03 / 2023
Transaction ID : A-1X
Amount of Each Receipt this Period 500.00
Memo Item
SCAI PAC Contribution

B. Smith, Timothy, , Dr. ,
Mailing Address 9035 Rolling Ridge Ct
City Cincinnati State OH Zip Code 45236
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) East Ohio Regional Hospital Occupation (for Individual) Interventional Cardiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt 11 / 28 / 2023
Transaction ID : A-1Y
Amount of Each Receipt this Period 1000.00
Memo Item
SCAI PAC Contribution

C. Thompson, Charles, , ,
Mailing Address 4225 Port Hudson-Pride Rd
City Zachary State LA Zip Code 70791
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Cardiovascular Institute of the South Occupation (for Individual) Interventional Cardiologist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 2000.00

Date of Receipt 10 / 19 / 2023
Transaction ID : A-1Z
Amount of Each Receipt this Period 1000.00
Memo Item
SCAI PAC donation

SUBTOTAL of Receipts This Page (optional) 2500.00
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 15 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 ▼ 2000.00

Date of Receipt 10 / 16 / 2023
Transaction ID : A-20
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC donation

B. Paul, Timir, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5107 Harvard Ct
 City Brentwood State TN Zip Code 37027
 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 ▼ 250.00

Date of Receipt 11 / 29 / 2023
Transaction ID : A-21
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Arena, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Preserve Ln
 City Mandeville State LA Zip Code 70471
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Louisiana Heart Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2023
Transaction ID : A-22
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

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: (check only one)	PAGE 16 OF 38
	<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. Abbott, J. Dawn, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 593 Eddy St
 City Providence State RI Zip Code 02903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rhode Island Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 05 / 2023**
Transaction ID : A-23
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Donation

B. Garratt, Kirk, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4755 Ogletown-Stanton Road, Suite Suite 1003
 City Newark State DE Zip Code 19713
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Christiana Care Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **11 / 26 / 2023**
Transaction ID : A-24
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Rab, Tanveer, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1845 Satellite Blvd, Suite 500 Suite 500
 City Duluth State GA Zip Code 30097
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Emory University Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : A-25
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

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: (check only one)	PAGE 17 OF 38
<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. Hall, Shelley, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5514 Yolanda Lane
 City Dallas State TX Zip Code 75229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor University Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 15 / 2023
Transaction ID : A-26
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. White, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1514 Jefferson Hwy
 City New Orleans State LA Zip Code 70121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ochsner Clinic Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2023
Transaction ID : A-27
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Donation

C. Choi, James, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8230 Walnut Hill Ln, Suite 220 Suite 220
 City Dallas State TX Zip Code 75231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Presbyterian Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2023
Transaction ID : A-28
 Amount of Each Receipt this Period 250.00
 Memo Item

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: (check only one)	PAGE 18 OF 38
	<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. Thompson, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4225 Port Hudson-Pride Rd
 City Zachary State LA Zip Code 70791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Institute of the South Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 02 / 2023**
Transaction ID : A-29
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Donation to SCAI PAC

B. Khatib, Yazan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 551308
 City Jacksonville State FL Zip Code 32255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Firts Coast Cardiovascular Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 05 / 2023**
Transaction ID : A-2A
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC contribution

C. Kern, Morton, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61 N Via Di Roma 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 ▼ 1500.00

Date of Receipt **11 / 29 / 2023**
Transaction ID : A-2B
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 19 OF 38
<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. Ibrahim, Osama , , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4131 Old Light Cir
 City Arrington State TN Zip Code 37014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiac and Vascular Associate Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 30 / 2023**
Transaction ID : A-2C
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Donation

B. Crisco, Van, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3621 Windmoor Dr
 City Jacksonville State FL Zip Code 32217
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) First Coast Heart and Vascular Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : A-2D
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Fakorede, Foluso, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 North Pearman Avenue
 City Cleveland State MS Zip Code 38732
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Solutions MS. Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 05 / 2023**
Transaction ID : A-2E
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 20 OF 38
	<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. Flynn, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 McGregor St
 City Manchester State NH Zip Code 03102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Catholic Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **10 / 30 / 2023**
Transaction ID : A-2F
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Donation

B. Reilly, JP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 676 County Rd 39A
 City Southampton State NY Zip Code 11968
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stony Brook Southhampton Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : A-2G
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Tummala, Pradyumna, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2646 Henderson Ridge Dr
 City Tucker State GA Zip Code 30084
 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 **11 / 19 / 2023**
Transaction ID : A-2H
 Amount of Each Receipt this Period 500.00
 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 21 OF 38
<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. Belford, P. Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3630 Clemmons Rd, #1507
 #1507
 City Clemmons State NC Zip Code 27012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wake Forest Baptist Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **10 / 15 / 2023**
Transaction ID : A-2I
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Donation

B. Cigarroa, Joaquin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3161 SW Pavilion Loop
 City Portland State OR Zip Code 97239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) OHSU Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 20 / 2023**
Transaction ID : A-2J
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Donation

C. 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 Saint Thomas Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt **11 / 22 / 2023**
Transaction ID : A-2K
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

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 23 OF 38
	<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. Kliger, Chad, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 E 30th St, Apt 3E
 Apt 3E
 City New York State NY Zip Code 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Lenox Hill Occupation (for Individual) Interventional Cardiologist
 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
 11 / 02 / 2023
Transaction ID : A-2O
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Donation

B. Hubbard, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1765 Adeline Dr
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UPMC Occupation (for Individual) Interventional Cardiologist
 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
 12 / 31 / 2023
Transaction ID : A-2P
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Paris, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 107 Maryland Dr
 City Luling State LA Zip Code 70070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Institute of the South Occupation (for Individual) Interventional Cardiologist
 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
 10 / 30 / 2023
Transaction ID : A-2Q
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Donation

SUBTOTAL of Receipts This Page (optional).....▶	750.00
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 24 OF 38
	<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. Szerlip, Molly, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3463 Foxboro Dr
 City Richardson State TX Zip Code 75082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Scott & White The Heart Hospita Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 08 / 2023
Transaction ID : A-2R
 Amount of Each Receipt this Period 1500.00
 Memo Item
 PAC Donation

B. Htun, Wah Wah, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1910 South Ave
 City La Crosse State WI Zip Code 54601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gunderson Health System Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2023
Transaction ID : A-2S
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Pitta, Sridevi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7108 Basket Flower Road
 City Roanoke State TX Zip Code 76262
 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 ▼ 10000.00

Date of Receipt 12 / 26 / 2023
Transaction ID : A-2T
 Amount of Each Receipt this Period 5000.00
 Memo Item
 SCAI PAC Contribution and Refund

SUBTOTAL of Receipts This Page (optional).....▶	6750.00
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 25 OF 38
	<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. Al-Azizi, Karim, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5856 Sweeney Trl
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baylor Scott & White Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 04 / 2023
Transaction ID : A-2U
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Donation

B. Strobel, Aaron, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9501 Baptist Health Dr, Suite 600 Suite 600
 City Little Rock State AR Zip Code 72205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baptist Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 03 / 2023
Transaction ID : A-2V
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Homan, David, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Genna Ln
 City Youngsville State LA Zip Code 70592
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Opelousas Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 30 / 2023
Transaction ID : A-2W
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Donation

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 26 OF 38
	<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. 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 ▼ 1500.00

Date of Receipt 12 / 17 / 2023
Transaction ID : A-2X
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

B. Linsenmeyer, George, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Hickory Ln
 City Huntington State WV Zip Code 25705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Marshall Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 27 / 2023
Transaction ID : A-2Y
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Banerjee, Subhash, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6214 Stefani Dr
 City Dallas State TX Zip Code 75225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dallas Veterans Affairs Medical Center Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2023
Transaction ID : A-2Z
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Donation

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 27 OF 38
	<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. Davis, Keith, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32 Glenbarr Ct
 City Pinehurst State NC Zip Code 28374
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pinehurst Medical Clinic Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 26 / 2023**
Transaction ID : A-30
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC contribution

B. Guzman, Luis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8201 Kimbershell PI
 City Henrico State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiology Associations of Richmond Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 03 / 2023**
Transaction ID : A-31
 Amount of Each Receipt this Period 500.00
 Memo Item
 PAC Donation

C. Patel, Vinod, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 9th St
 City Brooklyn State NY Zip Code 11215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Park Slope Cardiology Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 10 / 2023**
Transaction ID : A-32
 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 28 OF 38
	<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. Marshall, Jeff, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7935 Innsbruck Dr
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northside Hospital Cardiovascular Inst Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2023
Transaction ID : A-33
 Amount of Each Receipt this Period 2500.00
 Memo Item
 SCAI PAC donation returned re: limit

B. Dargas, George, , Dr. ,
 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 ▼ 750.00

Date of Receipt 11 / 26 / 2023
Transaction ID : A-34
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Orellana-Barrios, Menfil, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Country Bluff Dr
 City Branson State MO Zip Code 65616
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cox Cardiology Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 15 / 2023
Transaction ID : A-35
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 29 OF 38
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Darrah, Shane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Cascade Rd
 City Columbus State GA Zip Code 31904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southeastern Cardiology Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 17 / 2023**
Transaction ID : A-36
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

B. Hermiller, James, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10590 N Meridian St, Suite 300 Suite 300
 City Carmel State IN Zip Code 46290
 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 ▼ 1500.00

Date of Receipt **11 / 09 / 2023**
Transaction ID : A-37
 Amount of Each Receipt this Period 1500.00
 Memo Item
 SCAI PAC Donation

C. Vetrovec, George, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3126 W Cary St, #693 #693
 City Richmond State VA Zip Code 23221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) VCU Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **07 / 07 / 2023**
Transaction ID : A-38
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Contribution to SCAI PAC

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 30 OF 38
	<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. Carr, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5801 Quail Creek Dr
 City Tyler State TX Zip Code 75703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CardiaStream Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 10 / 2023
Transaction ID : A-39
 Amount of Each Receipt this Period 250.00
 Memo Item
 PAC Donation

B. Bailey, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7958 Batture Dr
 City Shreveport State LA Zip Code 71115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LSU Shreveport Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2023
Transaction ID : A-3A
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Lata, Kusum, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 W Eaton Ave, Fl 2 FI 2
 City Tracy State CA Zip Code 95376
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tracy Care Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2023
Transaction ID : A-3B
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

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 31 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Kado, Herman, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1774 Sunset Dr
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beaumont Health Occupation (for Individual) Interventional Cardiologist
 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
 12 / 31 / 2023
Transaction ID : A-3C
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

B. Soukas, Peter, , Dr. ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 Collyer St, Suite 100 Suite 100
 City Providence State RI Zip Code 02904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miriam Hospital Occupation (for Individual) Interventional Cardiologist
 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
 11 / 27 / 2023
Transaction ID : A-3D
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

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

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	62250.00

**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 32 OF 38
<input 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 checked="" type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Truist		Date of Receipt
Mailing Address		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2023"/>
City	State	Transaction ID : A-1B
Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="13.04"/>
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Bank Refund
	<input type="text" value="1652.94"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
Zip Code		<input type="text"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Amount of Each Receipt this Period
Zip Code		<input type="text"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	
	<input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="13.04"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="13.04"/>

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 fees

Candidate Name

001

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B-3H

Amount of Each Disbursement this Period

[REDACTED] 208.61

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Merchant Fee

Candidate Name

001

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	3		

FEC Identification Number

C [REDACTED]

Transaction ID : B-3J

Amount of Each Disbursement this Period

[REDACTED] 125.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement

merchant fees

Candidate Name

001

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : B-3K

Amount of Each Disbursement this Period

[REDACTED] 14.94

Memo Item

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

[REDACTED] 349.16

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 fees

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-3L

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

bank fees

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-3M

Amount of Each Disbursement this Period

[REDACTED] 129.93

Memo Item

Full Name (Last, First, Middle Initial)

C. Truist

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Merchant Fees

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			11			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : B-3N

Amount of Each Disbursement this Period

[REDACTED] 19.95

Memo Item

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

[REDACTED] 184.77

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 fees

Candidate Name

001

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	Y	Y
1	1		0	3		2	0	2	3		

FEC Identification Number

C []

Transaction ID : B-3P

Amount of Each Disbursement this Period

[] 425.51 []

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	Y	Y

FEC Identification Number

C []

Amount of Each Disbursement this Period

[] []

Memo Item

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

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

[] 425.51 []

[] 1331.30 []

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)

Form for line numbers 21b-30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)

Society For Cardiovascular Angiography And Interventions PAC

Full Name (Last, First, Middle Initial)

A. MARK KELLY FOR SENATE

Mailing Address PO BOX 27202

City TUCSON State AZ Zip Code 85726

Purpose of Disbursement SCAI PAC Contribution

Candidate Name

Kelly, Mark, , ,

Office Sought: Senate (checked)
State: AZ District:

Disbursement For: 2028
Primary (checked)
Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 11 / 2023

FEC Identification Number

C00696526

Transaction ID : B-11

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629-0250

Purpose of Disbursement contribution to candidate

Candidate Name

Bucshon, Larry, D., ,

Office Sought: House (checked)
State: IN District: 08

Disbursement For: 2024
Primary (checked)
Other (specify)

Date of Disbursement

Date of Disbursement: 10 / 04 / 2023

FEC Identification Number

C00468256

Transaction ID : B-30

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 7754

City WACO State TX Zip Code 76714-7754

Purpose of Disbursement SCAI PAC Contribution

Candidate Name

Sessions, Pete, , ,

Office Sought: House (checked)
State: TX District: 17

Disbursement For: 2024
Primary (checked)
Other (specify)

Date of Disbursement

Date of Disbursement: 07 / 14 / 2023

FEC Identification Number

C00303305

Transaction ID : B-R

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).....

Summary boxes showing 15000.00 for subtotal and total.

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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. Marshall, Jeff, , Dr.,

Mailing Address 7935 Innsbruck Dr

City
Atlanta

State
GA

Zip Code
30350

Purpose of Disbursement
SCAI PAC donation returned re: limit

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		01		2023

FEC Identification Number

C

Transaction ID : B-3I

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

2500.00

2500.00
