Image# 201606219020089347				PAGE 1 / 9
	EPORT OF R ND DISBURS Other Than An Autho	EMENTS	Office	lse Only
1. NAME OF TYP	E OR PRINT V	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	IZFE4M5	
ADDRESS (number and street)	100 17th Street, NW			
Check if different	uite 330			
them musicipality			DC 2003	6
2. FEC IDENTIFICATION NUMB	ER V CITY	<b>\</b>	STATE 🔺	ZIP CODE
C C00519371	3. IS T REP	HIS ORT (N) OF	AMENDED	
(Choose One)	b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31		M M / D D /	YYYYYY	in the
Year-End Report (YE) July 31 Mid-Year		n		State of
Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election c	n / D D /		in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2016	through 05		ý ý 116
I certify that I have examined this Re	eport and to the best of my	knowledge and belief it is	true, correct and comple	ete.
Type or Print Name of Treasurer	Dr. Thomas Tu			
Signature of Treasurer	ıs Tu	[Electronically Filed]	Date 06 / 22	D / Y Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>C FORM 3X</b> Rev. 12/2004

06/21/2016 16 : 02

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

76921.01

4100.00

81021.01

2000.00

79021.01

0.00

0.00

FEC Form 3X (Rev. 02/2003)

Y

78971.01

6050.00

85021.01

6000.00

79021.01

2016

Write or Type Committee Name SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC M Y M DD 05 01 2016 05 Report Covering the Period: 31 From: To: **COLUMN A** COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. January 1, 2016

(b)	Cash on Hand at	
	Beginning of Reporting Period	

(d)	Subtotal (add Lines 6(b) and
	6(c) for Column A and Lines
	6(a) and 6(c) for Column B)

(c) Total Receipts (from Line 19) .....

#### 7. Total Disbursements (from Line 31).....

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....

### Debts and Obligations Owed TO 9. the Committee (Itemize all on Schedule C and/or Schedule D) .....

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

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Γ		TAILED SUMMARY PAGE of Receipts	Pogo 3
W/r	FEC Form 3X (Rev. 06/2004) ite or Type Committee Name		Page <b>3</b>
	OCIETY FOR CARDIOVASCULAR A	NGIOGRAPHY AND INTERVENT	IONS ASSOCIATION PAC
_			
Re	port Covering the Period: From: 05	/         D         D         /         Y	: 05 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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	4000.00	5750.00
	(i) Itemized (use Schedule A)	7 7	3730.00
	(ii) Unitemized	100.00	300.00
	(iii) TOTAL (add	7 7	7 7 7 00000
	Lines 11(a)(i) and (ii)	4100.00	6050.00
	(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)	4100.00	6050.00
	Transfers From Affiliated/Other		
	Party Committees	0.00	0.00
		0.00	0.00
13.	All Loans Received	7 7	0.00
	r		
	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures		
	(Refunds, Rebates, etc.)	0.00	0.00
	(Carry Totals to Line 37, page 5)	7 7 7	0.00
	Refunds of Contributions Made		
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts		
	(Dividends, Interest, etc.)	0.00	0.00
	Transfers from Non-Federal and Levin Funds	7 7 7	
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
		7 7 7	7 7
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
10	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))▶	4100.00	6050.00
	· ∠, 10, 17, 10, 17, and 10(0))	4100.00	1 1 1
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)▶	4100.00	6050.00

I

### DETAILED SUMMARY PAGE

of Disbursements

	OLUMN A This Period 0.00 0.00 0.00 0.00 0.00 0.00	CoLUMN B Calendar Year-to-Date
<ul> <li>Allocated Federal/Non-Federal Activity (from Schedule H4)</li> <li>(i) Federal Share</li> <li>(ii) Non-Federal Share</li> <li>(iii) Non-Federal Share</li> <li>(iii) Other Federal Operating Expenditures</li> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> <li>Fransfers to Affiliated/Other Party</li> <li>Committees</li> <li>Contributions to</li> </ul>	0.00	0.00
<ul> <li>(ii) Non-Federal Share</li> <li>b) Other Federal Operating Expenditures</li> <li>c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</li> <li>►</li> <li>Transfers to Affiliated/Other Party Committees</li></ul>	0.00	0.00
<ul> <li>b) Other Federal Operating Expenditures</li></ul>	0.00	0.00
Expenditures c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
<ul> <li>c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))</li> <li>▶</li> <li>Transfers to Affiliated/Other Party</li> <li>Committees</li> <li>Contributions to</li> </ul>	0.00	
Transfers to Affiliated/Other Party Committees Contributions to	0.00	
Committees		0.00
	0.00	0.00
and Other Political Committees	2000.00	6000.00
ndependent Expenditures	0.00	0.00
use Schedule E) Coordinated Party Expenditures 2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
_oan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To: a) Individuals/Persons Other Than Political Committees	0.00	0.00
b) Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
<ul> <li>(a) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	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
(ii) "Levin" Share	0.00	0.00
b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Fotal Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	2000.00	6000.00
Total Federal Disbursements		
subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	2000.00	6000.00

L

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ul> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ul>	4100.00	6050.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	4100.00	6050.00
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

#### Image# 201606219020089352

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE

6 OF

9

ITEM	IZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check o	· —	e) 11b 14	11c	12	17
	formation copied from such Reports and S commercial purposes, other than using the								
	ME OF COMMITTEE (In Full) DCIETY FOR CARDIOVASCUL								
<b>A</b> . Dr	Name (Last, First, Middle Initial) . James Blankenship ling Address 54 Overlook Drive				of Re				
iviai	ing Address 54 Ovenook Drive			05	_	12	/ Y	2016	Y
City Da	nville	State PA	Zip Code 17821			on ID : S Each Re		<b>.4716</b> his Perio	od
	D number of contributing political committee.	С				,	<b>J</b>	1000	0.00
Nan	ne of Employer	Occupation		N	lemo li	tem			
	singer	Physician							
	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	1					
	Name (Last, First, Middle Initial) . Larry S Dean			Dete	of Po	opint			
	ing Address 6069 50th Avenue			Date		12	/ Y	2016	Y
City		State	Zip Code			on ID : S	SA11AI.		
Sea	attle	WA	98115	Amou	unt of	Each Re	eceipt th	nis Perio	d
	D number of contributing political committee.	С				,	<b>y</b>	500	0.00
Univ	ne of Employer /ersity of Washington	Occupation Physician			/lemo l	tem			
Rec	eipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	1					
	Name (Last, First, Middle Initial)		7	Date	of Re	ceipt			
	ing Address 7 Regional Circle			05	M /	12	/ Y	2016	Y
City		State NC	Zip Code 28374			on ID :			
	ehurst	NC	20374	Amou	int of	Each Re	eceipt th	nis Perio	d
	CID number of contributing eral political committee.	C				,		500	0.00
	ne of Employer	Occupation			lemo li	lem			
	ehurst Cardiology Consultan	Physician		_					
	eipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00	]					
SUBT	OTAL of Receipts This Page (optional)					7	7	2000	0.00
тота	L This Period (last page this line number of	only)	•••••••			,			

### Image# 201606219020089353

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE

7 OF 9

17			Use separate schedule(s)	(che	eck only	/ one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		(11a 13	11		11c	12	Г	17
	y information copied from such Reports and St for commercial purposes, other than using the				for the	purpos	e of s		g contrik		
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCUL	AR ANGIO	OGRAPHY AND INTER	VEN	TION	S AS	SOC		ON P.	AC	
Α.	Full Name (Last, First, Middle Initial) Dr. Steve Gigliotti Mailing Address 2310 Pruett Street			_	Date of		D D	/ Y	Y Y		1
	City Austin	State TX	Zip Code 78703		05 <b>Trans</b> Amount			<b>5A11AI.</b> eceipt th			-
	FEC ID number of contributing federal political committee.	С			Mer	no lterr	, ,	- 7	100	0.00	
	Name of Employer         Seton Heart Institute         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 1000.00			no nen					
в.	Full Name (Last, First, Middle Initial) Dr. Louis A. Guzman Mailing Address 2045 East Clovelly Lane			_	Date of		pt	/ Y	YY	Y	
	City	State FL	Zip Code 32092		05 Trans	action	12 ID : S	<u>5A11AI.</u>	2016 <b>4713</b>		
	Saint Augustine FEC ID number of contributing federal political committee.	С	32092		Amount	of Ea		eceipt th		od 0.00	
	Name of Employer         University of Florida Health S         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	_							
С.	Full Name (Last, First, Middle Initial)         Dr. John Reilly         Mailing Address 651 Arabella St.			_	Date of	_	pt 12	/ Y	2016	Y	1
	City New Orleans	State LA	Zip Code 70115				ID : 5	SA11AI.	.4718	ad a	
	FEC ID number of contributing federal political committee.	С				- 7				0.00	
	Name of Employer Ochsner Health System Receipt For:	Occupation Physician			Mer	no lten	ו				
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00								
s	UBTOTAL of Receipts This Page (optional)		•	 >					175	0.00	
Т	OTAL This Period (last page this line number of	only)	••••••	•							

#### Image# 201606219020089354

# SCHEDULE A (FEC Form 3X)

## Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)	L		
ILEIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	<b>4</b> →
Any information copied from such Repor or for commercial purposes, other than	ts and Statements ma using the name and a	Ay not be sold or used by any p ddress of any political committe	erson for the e to solicit co	purpose of	15 soliciting from such	contribut	ions ee.
Full Name (Last, First, Middle Initial) A. Dr. Edward J Toggart Mailing Address 4465 NW Honeysuck	le Drive		Date o	of Receipt	) / Ү	YY	Ŷ
City Corvallis	State OR	Zip Code 97330		12 saction ID : nt of Each R	SA11AI.4		
FEC ID number of contributing federal political committee.	С					250.0	00
Name of Employer Samaritan Heart & Vascular Ins Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 250.00	Me	emo Item			
B. Hull Name (Last, First, Middle Initial)			Date o	of Receipt			X
City	State	Zip Code				YY	Y
FEC ID number of contributing federal political committee.	C			nt of Each R	leceipt thi	s Period	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	]				
Full Name (Last, First, Middle Initial)			Date o	of Receipt			
Mailing Address	<b>2</b>		M		) / Y	Y Y	Y
City State		Zip Code	Amoun	nt of Each R	leceipt thi	s Period	
FEC ID number of contributing federal political committee.	С			emoltem	7		
Name of Employer	Occupation			inonem			
Receipt For: Primary General Other (specify)		Year-to-Date	]				
SUBTOTAL of Receipts This Page (opt	ional)				7	250.0	00
TOTAL This Pariod (last page this line	number only)					4000.0	00

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

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9

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 9 OF 9
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one)     22     X     23     24     25     26       28a     28b     28c     29     30b
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
SOCIETY FOR CARDIOVASCULAR	ANGIOGRAPHY AND	) INTERVE	ENTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial)  A. MICHAEL BURGESS FOR CONG	RESS		Date of Disbursement
Mailing Address PO BOX 2334			05 19 2016
City S DENTON Purpose of Disbursement	State Zip Code TX 76202		Transaction ID : SB23.4723
			Amount of Each Disbursement this Period
Candidate Name MICHAEL BURGESS FOR CONG	RESS	Category/ Type	1000.00
Office Sought: House Disburser Senate President	nent For: 2016 Primary General Other (specify) ▼	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Memo Item
State:       District:         Full Name (Last, First, Middle Initial)         B. Rand RAND PAUL FOR US SENA         Mailing Address         PO BOX 72928	TE 2016		Date of Disbursement
City S NEWPORT	State Zip Code KY 41072		Transaction ID : SB23.4728
Purpose of Disbursement			Amount of Each Disbursement this Period
	TE 0040	Category/	1000.00
Senate President	TE 2016 Primary X General Other (specify) ▼	Туре	Memo Item
State: KY District: 00 Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			
City	State Zip Code		
Purpose of Disbursement			Amount of Fook Diskurgement this Deviad
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser Senate President District:	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			2000.00
			7 7 7