Image# 14960070350 PAGE 1 / 11

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than Ar	1 Authorized	Committe	e		Office Use Only			
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typin r the lines.	g, type	12FE4M5				
SOCIETY FOR CARDIO	VASCULAR ANG	GIOGRAPH	Y AND IN	ΓERVEN	TIONS ASS	SOCIATION F	PAC		
ADDRESS (number and street)	1100 17th Street, NV	V							
Check if different	Suite 330								
than previously reported. (ACC)	WASHINGTON	WASHINGTON DC 20036 -							
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		;	STATE A	ZIP CO	DE 🛦		
C C00519371		3. IS THIS REPORT		EW N) <b>OR</b>	× (A)	IENDED			
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)		
(a) Quarterly Reports:		` ′		` ,		20 (M9)	(Non-Election Year Only)		
April 15 Quarterly Report (Q	1)	Apr 20 (M4)	J	ul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)		
July 15 Quarterly Report (Q	PRE-Elect		Primary (12P		General (		Runoff (12R)		
October 15 Quarterly Report (Q	Report for	the:	Convention (	12C)	Special (	12S)			
January 31 Year-End Report (YI		Election on	M = M /	D D /	Y W Y W Y	in the State o	of		
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elect Report for		General (30G	i)	Runoff (3	OR)	Special (30S)		
Termination Report (TER)	·	Election on	M = M /	D = D /	Y	in the State o	of		
5. Covering Period 05		2013	through	M M 05	31	2013			
I certify that I have examined thi	s Report and to the b	pest of my kno	wledge and b	elief it is tru	ie, correct and	l complete.			
Type or Print Name of Treasurer	Norman Marc Linsky	•							
Signature of Treasurer Norma	an Marc Linsky		[Electronically	Filed]	Pate 01	/ D D / 28	2014		
NOTE: Submission of false, errone	ous, or incomplete info	ormation may su	bject the pers	on signing th	nis Report to th	e penalties of 2 l	J.S.C. §437g.		
Office Use Only						FEC FOR Rev. 12/2			

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

#### SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1,  2013		19950.01
	(b) Cash on Hand at Beginning of Reporting Period	32650.01	
	(c) Total Receipts (from Line 19)	9748.00	24448.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42398.01	44398.01
7.	Total Disbursements (from Line 31)	2500.00	4500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39898.01	39898.01
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

#### SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

I. Receipts	I. Receipts COLUMN A Total This Period						
<u> </u>	Total Tills Period						
Contributions (other than loans) From:							
(a) Individuals/Persons Other Than Political Committees							
	8768.00	23268.00					
(i) Itemized (use Schedule A)							
(ii) Unitemized	980.00	1180.00					
(iii) TOTAL (add	0740.00	24449.00					
Lines 11(a)(i) and (ii)▶	9748.00	24448.00					
(b) Political Party Committees	0.00	0.00					
(c) Other Political Committees							
(such as PACs)	0.00	0.00					
(d) Total Contributions (add Lines							
11(a)(iii), (b), and (c)) (Carry							
Totals to Line 33, page 5)▶	9748.00	24448.00					
Transfers From Affiliated/Other							
Party Committees	0.00	0.00					
	0.00	0.00					
. All Loans Received	0.00	0.00					
	0.00	0.00					
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)	0.00	0.00					
to Federal Candidates and Other Political Committees	0.00	0.00					
Other Federal Receipts	0.00	0.00					
(Dividends, Interest, etc.)	0.00	0.00					
Transfers from Non-Federal and Levin Funds	0.00	0.00					
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
(110111 001100010 110)		0.00					
(b) Levin Funds (from Schedule H5)	0.00	0.00					
(b) Leviii Funds (nom Schedule 115)		0.00					
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
. Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c))▶	9748.00	24448.00					
. Total Federal Receipts							

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal  Activity (from Schedule H4)		Calcinati Total to Bato		
	(i) Federal Share	0.00	0.00		
	· ·				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating  Expenditures	0.00	0.00		
	(c) Total Operating Expenditures				
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
	Transfers to Affiliated/Other Party		0.00		
	Committees Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	2500.00	4500.00		
	Independent Expenditures	0.00	0.00		
	(use Schedule E)	3.00	0.00		
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
	Loan Repayments Made	0.00	0.00		
	Loans Made	0.00	0.00		
	Refunds of Contributions To: (a) Individuals/Persons Other				
	Than Political Committees	0.00	0.00		
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees				
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	0.00		
	Otto Distance de		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		
	(i) redetal Shale				
	(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		
	<u></u>				
	Total Disbursements (add Lines 21(c), 22,				
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2500.00	4500.00		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	2500.00	4500.00		
	from Line 31)▶	2500.00	4500.00		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures						
3. Total Contributions (other than loans) (from Line 11(d), page 3)	9748.00	24448.00				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9748.00	24448.00				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

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

FOR LINE NUMBER:					PAGE	6	OF	11	
(cl	he	ck only	or	ne)					
[:	X	11a		11b		11c	12	!	
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC Full Name (Last, First, Middle Initial) Dr. Robert M Bersin Date of Receipt Mailing Address 145 5th Avenue West 30 2013 City Zip Code State Transaction ID: SA11AI.4304 WA Kirkland 98033 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Physician Swedish Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Tyronne J Collins Date of Receipt Mailing Address 6047 Coliseum Street 05 15 2013 City State Zip Code Transaction ID: SA11AI.4309 **New Orleans** LA 70118 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Ochsner Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Larry S Dean Date of Receipt Mailing Address 6069 50th Avenue 05 15 2013 City Zip Code State Transaction ID: SA11AI.4312 WA Seattle 98115 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Physician University of Washington Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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

FOF	:	PAGE	7	OF	11			
(che	ck only	or	ne)					
X	11a		11b		11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC Full Name (Last, First, Middle Initial) Dr. Gregory J Dehmer Date of Receipt Mailing Address 11133 Overlook Cove 2013 15 City State Zip Code Transaction ID: SA11AI.4317 TX Belton 76513 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Scott & White Healthcare Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Ahmed A El Ghamry Sabe Date of Receipt Mailing Address 4085 Glenmoor Road NW 05 15 2013 City State Zip Code Transaction ID: SA11AI.4318 OH Canton 44718 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Mercy Medical Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Dr. Tony G Farah Date of Receipt Mailing Address 607 Grandview Drive 05 15 2013 City State Zip Code Transaction ID: SA11AI.4316 PΑ Gibsonia 15044 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation **WPAHS** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

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

FOI	PAGE	=	8	OF	11			
(che	eck only	one)						
×	11a	11b		11c		12		
	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCUL	AR ANGIOGRAPHY AND INTERVE	NTIONS ASSOCIATION PAC
Α.	Full Name (Last, First, Middle Initial) Dr. Kirk N Garratt		Date of Receipt
	Mailing Address 1775 York Avenue  17B	Chata 7:n Coda	05 29 2013
	New York	State Zip Code NY 10128	Transaction ID : SA11AI.4305  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer	Occupation	
	Lennox Hill Hospital	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) James B Hermiller		Date of Receipt
	Mailing Address 1284 North Claridge Way	State 7in Code	05 15 2013
	City Carmel	State Zip Code IN 46032	Transaction ID : SA11AI.4325
	FEC ID number of contributing federal political committee.	C 40032	Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation	
	The Care Group	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. Thomas K. Jones		Date of Receipt
	Mailing Address 5565 NE Windemere Rd.		05 24 _ 2013 _
	City Seattle	State Zip Code WA 98105	Transaction ID : SA11AI.4349  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Seattle Children's Hospital	Physicia	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	250.00	
s	UBTOTAL of Receipts This Page (optional)		1500.00
7	OTAL This Period (last page this line number of	only)	

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

FOR LINE NUMBER:					PAGE	9	OF	11
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC Full Name (Last, First, Middle Initial) Mark E. Leimbach Date of Receipt Mailing Address Northeast Georgia Heart Center 2013 15 City Zip Code State Transaction ID: SA11AI.4323 GΑ Gainsville 30501 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician Northeast Georgia Heart Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. John Jeffery Marshall Date of Receipt Mailing Address 7935 Innsbruck Drive 05 10 2013 City State Zip Code Transaction ID: SA11AI.4346 GA Atlanta 30350 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Northeast Georgia Heart Center Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Srihari Naidu Date of Receipt Mailing Address 527 E. 72 05 15 2013 #3cd City State Zip Code Transaction ID: SA11AI.4327 NY New York 10021 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Physician Winthrop University Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

FOR LINE NUMBER:					PAGE	. ′	10	OF	11	
	(che	eck only	on	e)						
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	ng the name and address of any political committee to	
SOCIETY FOR CARDIOVAS	CULAR ANGIOGRAPHY AND INTERVI	ENTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial) Dr. John Reilly		Date of Receipt
Mailing Address 651 Arabella St.		05 15 2013
City	State Zip Code	Transaction ID : SA11AI.4311
New Orleans	LA 70115	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Ochsner Health System	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  B. Dr. Kenneth Rosenfield		Date of Receipt
Mailing Address 158 Prince Street		05 15 2013 _
City	State Zip Code	Transaction ID : SA11AI.4328
Newtown	MA 02465	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1018.00
Name of Employer	Occupation	
Massachuetts General Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1018.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Mam / Dab / Yayayay
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Table of Each Hoodpi the Follow
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼		
SUBTOTAL of Receipts This Page (option	nal)	1268.00
1 0 (4)	<u>·                                      </u>	
TOTAL This Period (last page this line nu	imber only)	8768.00

# S 17

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 1
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	TO ME LET .
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 24 🔲 25 🔲 2
		27	28a 28b 28c 29 3
Any information copied from such Reports and Statem			
or for commercial purposes, other than using the nam	e and address of any politic	ai committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULAR	ANGIOGRAPHY AN	D INTERVE	NTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial)			
A. MCCONNELL SENATE COMMITT	EE '14		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 1496			05 14 2013
City	state Zip Code		
LOUISVILLE	KY 40201		Transaction ID : SB23.4348
Purpose of Disbursement			
Candidate Name			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disbursem	nent For: 2014	туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
ь.			
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
. 4.,600 0. 2.054.00			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	7 7 7
Office Sought: House Disbursem			
	Primary General  Other (specify) ▼		
State: District:	Other (specify)		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	state Zip Code		
Purpose of Disbursement	T		
r dipose of Disbursement			Amount of Each Disbursement this Period
Candidate Name Category/		Category/	Amount of Lacif bisbursement this Feriod
		Type	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
Side. District.			
SUBTOTAL of Disbursements This Page (optional)			2500.00
and the state of t			
TOTAL This Period (last page this line number only).			2500.00