PAGE 1 / 8

Image# 13964260367

### **FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TOTAL OX	or Other Than An	Authorized	Committe	e		Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typir r the lines.	ig, type	12FE4M5		
SOCIETY FOR CARDIO	VASCULAR ANG	GIOGRAPH	Y AND IN	TERVEN	ΓΙΟΝS ASS	OCIATION F	PAC
ADDRESS (number and street)	1100 17th Street, NW						
Check if different	Suite 330						
than previously reported. (ACC)	WASHINGTON				DC L	20036	
2. FEC IDENTIFICATION NU	MBER ▼	CITY 🛦		;	STATE A	ZIP COI	DE 🛦
C C00519371		3. IS THIS REPORT		IEW N) <b>OR</b>	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:		,		lun 20 (M6)		20 (M9)	(Non-Election Year Only)
April 15 Quarterly Report (Q1		Apr 20 (M4)	×	lul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
July 15	(C) 12-Day	on	Primary (12P	)	General (	12G)	Runoff (12R)
Quarterly Report (Q2 October 15	Report for	the:	Convention (	12C)	Special (1	12S)	
Quarterly Report (Q3  January 31  Year-End Report (YE		Election on	M = M /	D   D /	Y   Y   Y   Y   Y	in the State o	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day		General (30G	i)	Runoff (3	0R)	Special (30S)
Termination Report (TER)	·	Election on	M = M /	D = D /	Y	in the State o	
5. Covering Period 06		2013	through	M M M	30 /	2013	
I certify that I have examined this	Report and to the b	est of my kno	wledge and b	elief it is tru	ie, correct and	I complete.	
Type or Print Name of Treasurer	Norman Marc Linsky						
Signature of Treasurer Norma	n Marc Linsky		[Electronically	Filed]	Date 07	/ 19 /	2013
NOTE: Submission of false, errone	ous, or incomplete info	rmation 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. 12/20	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

06 01 2013 06 30 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 20750.01 January 1, 2013 (b) Cash on Hand at 40698.01 Beginning of Reporting Period..... 28048.00 3600.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 44298.01 48798.01 6(a) and 6(c) for Column B)..... 1000.00 5500.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 43298.01 43298.01 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 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

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

2013	06 30 /	2013 To	01	From: 06	t Covering the Period:	Rep
	COLUMN B Calendar Year-to-		I. Receipts COLUMN A Total This Period			
		1			ntributions (other than loan	
					Than Political Committee	,
26518.00		3250.00			(i) Itemized (use Schedu	
			1	saulo 71,	(i) iternized (dae oorlede	
1530.00		350.00			(ii) Unitemized (iii) TOTAL (add	
28048.00		3600.00		(ii)▶	Lines 11(a)(i) and (ii)	
0.00		0.00		tees	Political Party Committee	(
0.00		0.00		ttees	Other Political Committee (such as PACs)	(
					,	(
28048.00		3600.00		e 5)	11(a)(iii), (b), and (c)) (Ca Totals to Line 33, page 5	10
0.00		0.00			nsfers From Affiliated/Othe ty Committees	
0.00	7	0.00			Loans Received	13. /
0.00		0.00			an Repayments Received	
				nditures	sets To Operating Expendi	
0.00		0.00		_,	funds, Rebates, etc.)	
0.00		0.00			erry Totals to Line 37, page	
					funds of Contributions Mad	_
0.00		0.00			Federal Candidates and Ofitical Committees	
0.00		0.00	7		nical Committees	
0.00		0.00			vidends, Interest, etc.)	
5.55		0.00	7		nsfers from Non-Federal a Non-Federal Account	18.
0.00		0.00			(from Schedule H3)	`
0.00		0.00		edule H5)	Levin Funds (from Schedu	(
0.00		0.00	7	(a) and 18(b))	Total Transfers (add 18(a)	(
		0.00		edule H5)	Levin Funds (from Schedu	19

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcinati Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures(c) Total Operating Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees		
and Other Political Committees	1000.00	5500.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use scriedule r)	7	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
Ī		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
-		
Other Disbursements	0.00	0.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(i) I odorar oriaro	7	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Table Birth and the Authority of the Control of the		
Total Disbursements (add Lines 21(c), 22,	1000.00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	5500.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1000.00	5500.00
	7 7 7	

#### **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)	3600.00	28048.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3600.00	28048.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00	
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LIN	PAGE		6	OF		8			
(check only one)									
<b>X</b> 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	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCUL	AR ANGIOGRAPHY AND INTERVE	ENTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial) <b>1.</b> Dr. H V Anderson		Date of Receipt
Mailing Address 4522 Broken Rock lane		06 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4372
Sugar Land	TX 77479	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of Texas-Houston	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial)  3. Dr. James W Choi		Date of Receipt
Mailing Address 2701 Amherst Ave		M M / D D / Y Y Y Y Y
		06 04 2013
City	State Zip Code	Transaction ID : SA11AI.4360
Dallas	TX 75225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cardio Consultants of Texas	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Dr. David Cox		Date of Receipt
Mailing Address 2501 Monet Terrace		06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4359
Charlotte	NC 28226	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Lehigh Valley Health System	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	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:					PAGE	7	OF		8	
(check only one)										
	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.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCI	JLAR ANGIOGRAPHY AND INTERVI	ENTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial)  A. Dr. John McB. Hodgson		Date of Receipt
Mailing Address 1279 Westhill Dr		06 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4357
Gates Mills	OH 44040	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	-
Technology Solutions Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Dr. Thach N. Nguyen		Date of Receipt
Mailing Address 200 East 86th Place		06 06 2013
City	State Zip Code	Transaction ID : SA11AI.4353
200 East 86th Place	IN 46410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Cardiovascular Clinics	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Dr. Bonnie Weiner		Date of Receipt
Mailing Address Post Office Box 707		06 17 2013
City	State Zip Code	Transaction ID : SA11AI.4371
Harvard	MA 01451	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Bonnie H Weiner MD PC	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	2000.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line numb	er only)	3250.00

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 8 OF 8
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	VOIVIDEIT.
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	e and address of any political	COMMINICE TO	Solicit Contributions from Such Confinites.
SOCIETY FOR CARDIOVASCULAR	ANGIOGRAPHY AND	INTERVE	NTIONS ASSOCIATION PAC
Full Name (Last, First, Middle Initial)	-00		Date of Disbursement
A. James MATHESON FOR CONGRE	=55		M M / D D / Y Y Y Y
Mailing Address P O BOX 521048			06 19 2013
	State Zip Code		Transaction ID : SB23.4387
07.12.1 27.11.2 011.1	UT 84152		Transaction ID . 3D23.4307
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
James MATHESON FOR CONGRE		Type	1000.00
Senate President	nent For: 2014  Primary General  Other (specify)		
State: UT District: 04			
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City S	state Zip Code		
Purpose of Disbursement	1		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify)	71	
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	itate Zip Code		
Purpose of Disbursement	1		
Candidate Name	l	Category/ Type	Amount of Each Disbursement this Period
President	nent For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		······	1000.00
TOTAL This Period (last page this line number only).			1000.00