

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 ASSOCIATION PAC

ADDRESS (number and street) 1100 17th Street, NW
Suite 330
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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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 Dr. Thomas Tu

Signature of Treasurer Dr. Thomas Tu [Electronically Filed] Date 06 / 19 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value=""/>	<input type="text" value="62616.01"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67516.01"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12255.00"/>	<input type="text" value="19155.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="79771.01"/>	<input type="text" value="81771.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8000.00"/>	<input type="text" value="10000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71771.01"/>	<input type="text" value="71771.01"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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)

Page 3

Write or Type Committee Name

SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

Report Covering the Period: From: / / To: / /

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).....	11750.00	18250.00
(ii) Unitemized	505.00	905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	12255.00	19155.00
(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)	12255.00	19155.00
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.).....	0.00	0.00
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))..... ▶	12255.00	19155.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12255.00	19155.00

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	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
29. Other Disbursements	0.00	0.00
30. 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
(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)) ..	8000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8000.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	12255.00	19155.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12255.00	19155.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. 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 LINE NUMBER: PAGE 6 OF 13
(check 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.

NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

A. Dr. Joseph D Babb
 Full Name (Last, First, Middle Initial)
 Mailing Address 2133 Cornerstone Drive
 City Winterville State NC Zip Code 28590
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E. Carolina Univ. School of Me Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2015
Transaction ID : SA11AI.4658
 Amount of Each Receipt this Period
 500.00

B. Dr. Steven R Bailey
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 Village Knoll
 City San Antonio State TX Zip Code 78232
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UTHSCSA Occupation Physician
 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
 05 / 14 / 2015
Transaction ID : SA11AI.4653
 Amount of Each Receipt this Period
 250.00

C. Dr. Theodore A Bass
 Full Name (Last, First, Middle Initial)
 Mailing Address 4115 Alhambra Drive West
 City Jacksonville State FL Zip Code 32207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Florida Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2015
Transaction ID : SA11AI.4647
 Amount of Each Receipt this Period
 500.00

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: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

A. Dr. Larry S Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 50th Avenue
 City State Zip Code
 Seattle WA 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of Washington Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : SA11AI.4651
 Amount of Each Receipt this Period
 500.00

B. Dr. Tony G Farah
 Full Name (Last, First, Middle Initial)
 Mailing Address 607 Grandview Drive
 City State Zip Code
 Gibsonia PA 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WPAHS Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2015
Transaction ID : SA11AI.4655
 Amount of Each Receipt this Period
 500.00

C. Cindy L. Grines
 Full Name (Last, First, Middle Initial)
 Mailing Address 3252 Pine Lake Rd
 City State Zip Code
 West Bloomfield MI 48324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 DMC Cardiovascular Institute Physician
 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
 05 / 18 / 2015
Transaction ID : SA11AI.4639
 Amount of Each Receipt this Period
 250.00

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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

A. Dr. Clifford J. Kavinsky
 Full Name (Last, First, Middle Initial)
 Mailing Address 175 North Taylor Avenue
 City State Zip Code
 Oak Park IL 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rush University Medical Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : SA11AI.4638
 Amount of Each Receipt this Period
 500.00

B. Morton J. Kern
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 Via Di Roma Walk
 City State Zip Code
 61 Via Di Roma Walk CA 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 University of California-Irvin Physician
 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
 05 / 18 / 2015
Transaction ID : SA11AI.4642
 Amount of Each Receipt this Period
 1000.00

C. Dr. Dennis W. Kim
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Brandywine Road
 Suite 300
 City State Zip Code
 Atlanta GA 30341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sibley Heart Center Cardiology Physician
 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
 05 / 13 / 2015
Transaction ID : SA11AI.4656
 Amount of Each Receipt this Period
 250.00

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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
A. Kartik Mani
 Mailing Address 1230 Churchill road
 City Springfield State IL Zip Code 62702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prairie Heart Inst. physician
 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
 05 / 15 / 2015
Transaction ID : SA11AI.4649
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dr. John Jeffery Marshall
 Mailing Address 7935 Innsbruck Drive
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northeast Georgia Heart Center Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 19 / 2015
Transaction ID : SA11AI.4635
 Amount of Each Receipt this Period
 2000.00

Full Name (Last, First, Middle Initial)
C. Dr. Srihari Naidu
 Mailing Address 527 E. 72 #3cd
 City New York State NY Zip Code 10021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Winthrop University Hospital Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2015
Transaction ID : SA11AI.4637
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00
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 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

Full Name (Last, First, Middle Initial)
A. Dr. John Reilly

Mailing Address 651 Arabella St.

City State Zip Code
 New Orleans LA 70115

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

Name of Employer Occupation
 Ochsner Health System Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 18 / 2015
Transaction ID : SA11AI.4646

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Jay Schlaifer

Mailing Address 3900 St. Francis Way, Suite 205

City State Zip Code
 Lafayette IN 47905

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

Name of Employer Occupation
 The Care Group Interventional Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 05 / 08 / 2015
Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dr. Carl L Tommaso

Mailing Address 110 Deepwood Rd.

City State Zip Code
 Barrington Hills IL 60010

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

Name of Employer Occupation
 Northshore Hospital Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 05 / 14 / 2015
Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2750.00

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 11 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC

A. Dr. Thomas Tu
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Bleuhill Court
 City Prospect State KY Zip Code 40059
 Name of Employer Louisville Cardiology Medical Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.4652
 Amount of Each Receipt this Period 1000.00

B. Dr. Bonnie Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address Post Office Box 707
 City Harvard State MA Zip Code 01451
 Name of Employer Bonnie H Weiner MD PC Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2015
Transaction ID : SA11AI.4636
 Amount of Each Receipt this Period 500.00

C. Dr. Christopher J White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 State Street
 City New Orleans State LA Zip Code 70118
 Name of Employer Ochsner Health Systems Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 14 / 2015
Transaction ID : SA11AI.4650
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	11750.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 ASSOCIATION PAC

Full Name (Last, First, Middle Initial)

A. Michael BURGESS

Mailing Address PO BOX 2334

City DENTON State TX Zip Code 76202

Purpose of Disbursement

Candidate Name

LONE STAR LEADERSHIP PAC

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : **SB23.4664**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MCCONNELL FOR MAJORITY LEADER COMMITTEE

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

MCCONNELL FOR MAJORITY LEADER COMMITTEE

Office Sought: House Senate President

State: District:

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : **SB23.4659**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Rep. Frank PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: NJ District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : **SB23.4663**

Amount of Each Disbursement this Period

1000.00

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

7000.00

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

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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 ASSOCIATION PAC

Full Name (Last, First, Middle Initial)

A. Dr. Raul RUIZ

Mailing Address PO BOX 6116

City LA QUINTA State CA Zip Code 92248

Purpose of Disbursement

Candidate Name

DR. RAUL RUIZ FOR CONGRESS

Office Sought: House
 Senate
 President
State: CA District: 36

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2015

Transaction ID : SB23.4662

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1000.00

8000.00