Image# 14940094400				PAGE 1 / 6
	PORT OF F D DISBURS Other Than An Autho	SEMENTS	Office	Jse Only
	e or print 🔻	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	12FE4M5	
ADDRESS (number and street)	00 17th Street, NW			
Check if different	uite 330			
them musicusly			DC 2003	³⁶
2. FEC IDENTIFICATION NUMB	ER V CITY	▲	STATE 🔺	ZIP CODE
C C00519371	3. IS 1 REF		R × AMENDED)
 4. TYPE OF REPORT (I (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20			Year Only)
April 15 Quarterly Report (Q1)	Apr 20	(M4) Jul 20 (M	7) X Oct 20 (M10)) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (12S)	
January 31 Year-End Report (YE)	Election	on/ D _ D		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the:	on	/ Y = Y = Y	in the State of
5. Covering Period 09	01 / Y Y Y Y 01 2013	through 09		013
I certify that I have examined this Re	eport and to the best of m	y knowledge and belief it is	s true, correct and comple	ete.
Type or Print Name of Treasurer N	orman Marc Linsky			
Signature of Treasurer	arc Linsky	[Electronically Filed]	Date 01 / 2	
NOTE: Submission of false, erroneous,	or incomplete information n	nay subject the person signi	ng this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

01/27/2014 13 : 19

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

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Y Y

2013

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC M M D D Y Y M – M D D Report Covering the Period: 09 01 2013 09 From: To:

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		20750.01
	(b) Cash on Hand at Beginning of Reporting Period	43298.01	
	(c) Total Receipts (from Line 19)	500.00	30548.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	43798.01	51298.01
7.	Total Disbursements (from Line 31)	0.00	7500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43798.01	43798.01
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:

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

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

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DETAILED SUMMARY PAGE Of Receipts FEC Form 3X (Rev. 06/2004) Page 3					
Write or Type Committee Name					
SOCIETY FOR CARDIOVASCULAR AN	IGIOGRAPHY AND INTERVENT	IONS ASSOCIATION PAC			
Report Covering the Period: From: 09	/ D D / Y Y Y Y 01 2013 To	. 09 30 / Y Y Y Y 2013			
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
11. Contributions (other than loans) From:	1				
(a) Individuals/Persons Other					
Than Political Committees (i) Itemized (use Schedule A)	500.00	29018.00			
(ii) Unitemized	0.00	1530.00			
(iii) TOTAL (add	500.00	30548.00			
Lines 11(a)(i) and (ii)▶	, , , , , , , , , , , , , , , , , , , ,	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00	0.00			
(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)	500.00	30548.00			
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.)	0.00	0.00			
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00			
to Federal Candidates and Other					
Political Committees	0.00	0.00			
17. Other Federal Receipts		0.00			
(Dividends, Interest, etc.)	0.00	0.00			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
	2.00				
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
	<u> </u>				
19. Total Receipts (add Lines 11(d),					
12, 13, 14, 15, 16, 17, and 18(c))▶	500.00	30548.00			
20. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	500.00	30548.00			
	7 /7				

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DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
Operating Expenditures: –	Total This Period	Calendar Year-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	7 7	
(add 21(a)(i), (a)(ii), and (b))►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to		
Federal Candidates/Committees and Other Political Committees	0.00	7500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	
(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	0.0
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	
(d) Total Contribution Refunds	0.00	
(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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.0
(c) Total Federal Election Activity (add	0.00	0.0
Lines 30(a)(i), 30(a)(ii) and 30(b)) ►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0.00	7500.0
Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	0.00	7500.00

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	30548.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500.00	30548.00
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
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

6

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and St for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULA	AR ANGI	OGRAPHY AND INTER\	/ENTIONS ASSOCIATION PAC
Α.	Full Name (Last, First, Middle Initial) Dr. Bonnie Weiner Mailing Address Post Office Box 707 City Harvard FEC ID number of contributing federal political committee. Name of Employer Bonnie H Weiner MD PC Receipt For: Primary General Other (specify) ▼	State MA C Occupation Physician Aggregate	Zip Code 01451 Year-to-Date ▼ 3500.00	Date of Receipt
в.	Full Name (Last, First, Middle Initial) Mailing Address City	State	Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer Receipt For:	Occupation Aggregate	Year-to-Date ▼	Amount of Each Receipt this Period
	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)		A A A .	
C.			Zip Code	Date of Receipt
	FEC ID number of contributing federal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)			500.00
۱.,	OTAL This Pariod (last page this line number of	volv)		500.00

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

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