Image# 14960070402			_	PAGE 1 / 6
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	Office	se Only
	PE OR PRINT <b>V</b>	Example: If typing, type	12FE4M5	
COMMITTEE (in full)		over the lines.	121.64M2	
ADDRESS (number and street)	100 17th Street, NW			
Check if different	Suite 330			
them musicipality	WASHINGTON		DC 2003	6
2. FEC IDENTIFICATION NUME		•	STATE 🔺	ZIP CODE
C C00519371	3. IS T	PORT (N) OF	AMENDED (A)	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	(b) Monthly Report Due On: Apr 20	) (M3) Jun 20 (M6	S) Sep 20 (M9)	X Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3) January 31	Report for the:	Convention (12C)	Special (12S)	in the
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	State of Special (30S)
Termination Report (TER)	Report for the: Election	on		in the State of
5. Covering Period	/ D D / Y Y Y Y 01 2013	through 10		Y Y 13
I certify that I have examined this F Type or Print Name of Treasurer	Report and to the best of m Norman Marc Linsky	y knowledge and belief it is	true, correct and comple	ete.
-	Marc Linsky	[Electronically Filed]	Date 01 / D	2014
NOTE: Submission of false, erroneous	s, or incomplete information r	nay subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> Rev. 12/2004

# 01/28/2014 16 : 39

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

M = M / D = D / Y = Y = Y = Y

Write or Type Committee Name SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC M M / D D / Y Y Y Y

		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	42998.01	
	(c) Total Receipts (from Line 19)	500.00	31048.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	43498.01	50998.01
7.	Total Disbursements (from Line 31)	0.00	7500.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43498.01	43498.01
).	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	

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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FEC Form 3X (Rev. 06/2004)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		raye J
SOCIETY FOR CARDIOVASCULAR AN	GIOGRAPHY AND INTERVENT	ONS ASSOCIATION PAC
Report Covering the Period: From: 10	7 01 7 Y Y Y Y Y 01 2013 To	10 / D D / Y Y Y Y Y 2013
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)	500.00	29518.00
(ii) Unitemized	0.00	1530.00
(iii) TOTAL (add		04040.00
Lines 11(a)(i) and (ii)	500.00	31048.00
(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	500.00	31048.00
Totals to Line 33, page 5)►	500.00	7 7 7
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
		7 7 7
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		7 7 7
(Refunds, Rebates, etc.)	0.00	
(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	0.00	
(from Schedule H3)	0.00	0.00
(b) Louis Funds (from Ochodula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		7 7 7
19. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	500.00	31048.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	500.00	31048.00

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### DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	7500.00
Independent Expenditures		
(use Schedule E) Coordinated Party Expenditures	0.00	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
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>	7 7 0.00	
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		0.00
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))		
<ul> <li>(a) Allocated Federal Election Activity (from Schedule H6)</li> </ul>		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
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	7500.00
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 Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Total Contributions (other than loans) (from Line 11(d), page 3)	500.00	31048.00	
. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
Net Contributions (other than loans) (subtract Line 34 from Line 33)	500.00	31048.00	
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	

#### Image# 14960070407

## 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

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or f	information copied from such Reports and Sta or commercial purposes, other than using the	atements maname and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
	JAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULA	AR ANGI	OGRAPHY AND INTER	ENTIONS ASSOCIATION PAC
A M G F f f E	Full Name (Last, First, Middle Initial)         Dr. Bonnie Weiner         Mailing Address Post Office Box 707         City         Harvard         EC ID number of contributing         ederal political committee.         Name of Employer         Bonnie H Weiner MD PC         Receipt For:         Primary       General         Other (specify) ▼	State MA Occupation Physician Aggregate	Zip Code 01451 Year-to-Date ▼ 4000.00	Date of Receipt
B	Ill Name (Last, First, Middle Initial) ailing Address ty State		Zip Code	Date of Receipt
f P	EC ID number of contributing ederal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate	Year-to-Date V	Amount of Each Receipt this Period
C	Full Name (Last, First, Middle Initial) Mailing Address City State		Zip Code	Date of Receipt
f P	EC ID number of contributing ederal political committee. Name of Employer	Occupation		Amount of Each Receipt this Period
F	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼	
	BTOTAL of Receipts This Page (optional)			500.00

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

1. AL

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