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### **FEC** FORM 3Y

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For	Other Than An	Autnorize	Committe	ee		Office Use Only
NAME OF TYI     COMMITTEE (in full)	PE OR PRINT ▼		ample: If typirer the lines.	ng, type	12FE4M	
, ,						
SOCIETY FOR CARDIO	VASCULAR AN	NGIOGR <i>A</i>	APHY ANI	O INTER\	/ENTIONS	S 
ADDRESS (number and street)	1100 17TH STREET					
Check if different	SUITE 400					
than previously reported. (ACC)	WASHINGTON				DC [	20036
2. FEC IDENTIFICATION NUME	BER ▼	CITY ▲		;	STATE A	ZIP CODE ▲
C C00519371		3. IS THIS REPORT		NEW OR	AM (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)
(a) Quarterly Reports:		Mar 20 (M3)		Jun 20 (M6)		20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)		Jul 20 (M7)		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 th	ie:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (YE)	E	lection on	M   M /	D   D /	Y   Y   Y   Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election		General (300	à)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for th	lection on	M = M /	D = D /	Y = Y = Y = Y	in the State of
5. Covering Period 04		)20	through	06 <sub>_</sub>	30_	2020
I certify that I have examined this F	Report and to the bear	st of my kno	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	DÚFFY, PETER, , ,					
Signature of Treasurer	PETER, , ,		[Electronically	Filed]	vate 07	14 2020
NOTE: Submission of false, erroneous	s, or incomplete inform	nation may s	ubject the pers	son signing th	nis Report to th	ne penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

#### SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2020		73999.94
(b) Cash on Hand at Beginning of Reporting Period	74448.29	
(c) Total Receipts (from Line 19)	0.00	750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74448.29	74749.94
Total Disbursements (from Line 31)	4286.29	4587.94
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	70162.00	70162.00
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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. 05/2016)

Write or Type Committee Name

### SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

Re	eport Covering the Period: From:		06 30 / 2020
	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)	0.00	750.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	0.00	750.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry  Totals to Line 33, page 5)  Transfers From Affiliated/Other	0.00	750.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5)	0.00	0.00
17.	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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))▶	0.00	750.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	0.00	750.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

Total This Period	Calendar Year-to-Date
2.00	Tanana I van te Bate
286.29	587.94
0.00	0.00
0.00	0.00
0.00	0.00
286.29	587.94
0.00	0.00
4000.00	4000.00
4 4 4	
	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	45 45 45 45
0.00	0.00
0.00	0.00
))	
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
4286.29	4587.94
4286.29	4587.94
	286.29  0.00  286.29  0.00  4000.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00  0.00

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)  III. Net Contributions/	COLUMN A	Page 5
Operating Expenditures	Total This Period	Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	750.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	286.29	587.94
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	286.29	587.94

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SCHEDULE B (FEC Form 3X)	Hen conce	rate schodulo(a)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each c	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 <b>X</b> 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) SOCIETY FOR CARDIOVASCULA	R ANGI	OGRAPHY .	AND INTE	RVENTIONS
Full Name (Last, First, Middle Initial)  A. KIND FOR CONGRESS COMMITT  Mailing Address 205 5TH AVENUE S	EE			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ROOM 411	State	Zip Code		
,	WI	54601		FEC Identification Number
Check 1105 Candidate Name			Category/	C C00312017  Transaction ID : SB23.4135  Amount of Each Disbursement this Period
Senate President	nent For: 20 Primary Other (speci	General	Type	1000.00  Memo Item
State: WI District: 03  Full Name (Last, First, Middle Initial)  B. MICHAEL BURGESS FOR CONGI  Mailing Address PO BOX 2334	RESS			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State TX	Zip Code 76202		FEC Identification Number
Candidate Name			Category/ Type	Transaction ID : SB23.4142 Amount of Each Disbursement this Period
Senate X	nent For: 20 Primary Other (speci	General		1000.00 Memo Item
Full Name (Last, First, Middle Initial)  C. UPTON FOR ALL OF US				Date of Disbursement
Mailing Address PO BOX 490				05 15 2020
SAINT JOSEPH	State MI	Zip Code 49085		FEC Identification Number
Candidate Name UPTON FOR ALL OF US			Category/ Type	C C00200584  Transaction ID : SB23.4137  Amount of Each Disbursement this Period
Senate	nent For: 20 Primary Other (speci	General		Memo Item
UPTON FOR ALL OF US  Office Sought:    Main   House   Disbursem	Other (speci	General	Type Type	Transaction ID: SB23.4137 Amount of Each Disbursement this Pe

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 9
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	
Any information copied from such Reports and State			
or for commercial purposes, other than using the national NAME OF COMMITTEE (In Full)  SOCIETY FOR CARDIOVASCULAR  OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)  A. WYDEN FOR SENATE			Date of Disbursement
Mailing Address 232 NE 9TH AVENUE			06 22 2020
City PORTLAND	State Zip Code 97232		FEC Identification Number
Purpose of Disbursement  Candidate Name		Category/	C C00308676  Transaction ID : SB23.4139  Amount of Each Disbursement this Period
x Senate x	ment For: 2020 Primary General	Туре	1000.00
State: OR District: 00	Other (specify) ▼		Memo Item
Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement
Mailing Address			
City  Purpose of Disbursement	State Zip Code		FEC Identification Number
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	Type	
State: District:			Memo Item
Full Name (Last, First, Middle Initial)  C.			Date of Disbursement
Mailing Address			
City	State Zip Code		FEC Identification Number
Purpose of Disbursement  Candidate Name		244	C  Amount of Each Disbursement this Period
	ment For:	Category/ Type	Amount of Each disbursement this Penod
Senate President State: Disburse	Primary General Other (specify)		Memo Item
			1000.00
SUBTOTAL of Disbursements This Page (optional).		<u> </u>	1000.00
TOTAL This Period (last page this line number only	·)		4000.00

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	8	OF	9	
FOR LI	NE 2	1a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)

S	OCIETY FOR CARDIOVASCUL	,,		, 10 111.	
A.	Full Name (Last, First, Middle Initial) Transac	tion ID : H4.	4144	☐ Memo Item	Allocated Activity or Event:
	Suntrust Bank, The, , ,				Administrative Fundraising Exempt
	Mailing Address 515 King Street				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Alexandria	VA	22314		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:			001	482.89
	Activity or Event Identifier:			Category/	M M / D D / Y Y Y Y
	Administrative			Type	Date 04 01 2020
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	181.24		7	0.00	181.24
— В.	Full Name (Last, First, Middle Initial) Transac	tion ID : H4.	.4124	☐ Memo Item	Allocated Activity or Event:
	Suntrust Bank, The, , ,				Administrative Fundraising Exempt
	Mailing Address 515 King Street				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Alexandria	VA	22314		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Bank Fees				518.16
	Activity or Event Identifier:				
	Administrative			Category/ Type	Date 04 10 2020
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	35.27		7 7	0.00	35.27
<u></u>		tion ID : H4.	.4131		
<u>C</u> .	Full Name (Last, First, Middle Initial) <b>Transac</b> Suntrust Bank, The, , ,	tion ID : H4	4131	0.00	35.27
<u>c.</u>	35.27  Full Name (Last, First, Middle Initial) Transac	tion ID : H4.	4131	0.00	Allocated Activity or Event:
C.	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , , Mailing Address 515 King Street  City	State	Zip Code	0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt
c.	Full Name (Last, First, Middle Initial) <b>Transac</b> Suntrust Bank, The, , , Mailing Address 515 King Street  City Alexandria			0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
C.	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement:	State	Zip Code	0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial) <b>Transac</b> Suntrust Bank, The, , , Mailing Address 515 King Street  City Alexandria	State	Zip Code	0.00  Memo Item  001  Category/	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05
C.	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement:  Activity or Event Identifier: Administrative	State VA	Zip Code 22314	0.00  Memo Item  001  Category/ Type	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date 05 / 11 / 2020
C.	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	0.00  Memo Item  001  Category/ Type	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05
C.	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement:  Activity or Event Identifier: Administrative	State VA	Zip Code 22314	0.00  Memo Item  001  Category/ Type	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date 05 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement:  Activity or Event Identifier: Administrative	State VA	Zip Code 22314 NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date M M M / D 11 / 2020  TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , , Mailing Address 515 King Street  City Alexandria Purpose of Disbursement:  Activity or Event Identifier: Administrative  FEDERAL SHARE	State VA	Zip Code 22314 NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE  0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date M M M / D 1 D / Y 2020  TOTAL AMOUNT
	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria Purpose of Disbursement:  Activity or Event Identifier: Administrative  FEDERAL SHARE  34.89  JBTOTAL of Allocated Federal and NonFederal	State VA +	Zip Code 22314 NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE  0.00	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date 05 11 2020  TOTAL AMOUNT
SI	Full Name (Last, First, Middle Initial) Transac Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria Purpose of Disbursement:  Activity or Event Identifier: Administrative  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State VA + Activity Thi +	Zip Code 22314 NONFEDERAL S Page NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE  0.00  SHARE  0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date 05 / 11 / 2020  TOTAL AMOUNT  34.89
SI	Federal and NonFederal Federal and NonFederal Federal SHARE  Suntrust Bank, The, , , Mailing Address 515 King Street  City Alexandria Purpose of Disbursement:  FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE	State VA + Activity Thi +	Zip Code 22314 NONFEDERAL S Page NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE  0.00  SHARE  0.00	Allocated Activity or Event:  X Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  Date 05 / 11 / 2020  TOTAL AMOUNT  34.89
sı	FEDERAL SHARE  JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  251.40  DTAL This Period (last page for each line only)	State VA + Activity Thi +	Zip Code 22314 NONFEDERAL s Page NONFEDERAL	0.00  Memo Item  001  Category/ Type  SHARE  0.00  SHARE  0.00	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  553.05  TOTAL AMOUNT  34.89  TOTAL AMOUNT  251.40  are to 21(a)(ii))

### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	9	OF	9	
FOR L	INE	21a OF	FORM	ЗХ

NAME OF COMMITTEE (In Full)

DCIETY FOR CARDIOVASCULA Full Name (Last, First, Middle Initial) Transact		.4132	Memo Item	Allocated Activity or Event:
				X Administrative Fundraising Exempt
Mailing Address 515 King Street				Voter Drive Direct Candidate Support
•	State	Zip Code		Public Comm (ref to party only) by PAC
	VA	22314		Allocated Activity or Event Year-To-Date
Bank Fees			001	587.94
			Catagony	M = M / D = D / Y = Y = Y
Administrative			Type	Date 06 10 2020
FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
34.89		7	0.00	34.89
Full Name (Last, First, Middle Initial)			☐ Memo Item	Allocated Activity or Event:
				Administrative Fundraising Exempt
				Voter Drive Direct Candidate Support
City	State	Zip Code		Public Comm (ref to party only) by PAC
Purnose of Dishursement:				Allocated Activity or Event Year-To-Date
Activity of Event Identifier.			Category/ Type	Date D / Y Y Y Y Y
FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
FEDERAL SHARE  Full Name (Last, First, Middle Initial)	+	NONFEDERAL	SHARE  Memo Item	Allocated Activity or Event:
	<u> </u>	NONFEDERAL		Allocated Activity or Event:
Full Name (Last, First, Middle Initial)	+ State	NONFEDERAL  Zip Code		Allocated Activity or Event:  Administrative Fundraising Exempt
Full Name (Last, First, Middle Initial)  Mailing Address  City		7 1 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
Full Name (Last, First, Middle Initial)  Mailing Address  City		7 1 7		Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	Category/	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Date
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:		7 1 7	Category/	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code	Category/	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Date
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code  NONFEDERAL	Category/	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Date
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:	State	Zip Code  NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  Date
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  BTOTAL of Allocated Federal and NonFederal	State +	Zip Code  NONFEDERAL s Page	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  34.89  TAL This Period (last page for each line only)(	+ Activity Thi +	Zip Code  NONFEDERAL  s Page NONFEDERAL  are to 21(a)(i) and	Category/ Type SHARE 0.00 NonFederal sha	Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  34.89  are to 21(a)(ii))
Full Name (Last, First, Middle Initial)  Mailing Address  City  Purpose of Disbursement:  Activity or Event Identifier:  FEDERAL SHARE  BTOTAL of Allocated Federal and NonFederal FEDERAL SHARE  34.89	+ Activity Thi +	Zip Code  NONFEDERAL  s Page NONFEDERAL	Category/ Type SHARE 0.00 NonFederal sha	Allocated Activity or Event:  Administrative Fundraising Exempt  Voter Drive Direct Candidate Support  Public Comm (ref to party only) by PAC  Allocated Activity or Event Year-To-Date  TOTAL AMOUNT  TOTAL AMOUNT  34.89
	Full Name (Last, First, Middle Initial) Transact Suntrust Bank, The, , ,  Mailing Address 515 King Street  City Alexandria  Purpose of Disbursement: Bank Fees  Activity or Event Identifier: Administrative	Suntrust Bank, The, , ,  Mailing Address 515 King Street  City	City State Zip Code Alexandria VA 22314  Purpose of Disbursement: Bank Fees  Activity or Event Identifier: Administrative  FEDERAL SHARE + NONFEDERAL  34.89  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement:	Suntrust Bank, The, , ,  Mailing Address 515 King Street  City State Zip Code Alexandria VA 22314  Purpose of Disbursement: Bank Fees 0001  Activity or Event Identifier: Administrative Category/ Type  FEDERAL SHARE + NONFEDERAL SHARE  1 34.89 0.00  Full Name (Last, First, Middle Initial) Memo Item  Mailing Address  City State Zip Code  Purpose of Disbursement:  Activity or Event Identifier:  Category/