

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.

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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 / / in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on / / in the State of

5. Covering Period / / through / /

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

Signature of Treasurer [Electronically Filed] Date / /

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="2012"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="25000.01"/>	<input type="text" value="25000.01"/>
(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="25000.01"/>	<input type="text" value="25000.01"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="25000.01"/>	<input type="text" value="25000.01"/>
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

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).....	25000.01	25000.01
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25000.01	25000.01
(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)	25000.01	25000.01
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))..... ▶	25000.01	25000.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25000.01	25000.01

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.....	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

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)	25000.01	25000.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25000.01	25000.01
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. 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 **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : SA11AI.4099
 Amount of Each Receipt this Period
2000.00

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 **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : SA11AI.4101
 Amount of Each Receipt this Period
500.00

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 **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : SA11AI.4103
 Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
TOTAL This Period (last page this line number only).....

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

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FOR LINE NUMBER: PAGE 7 OF 13
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 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. Robert M Bersin
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 5th Avenue West
 City Kirkland State WA Zip Code 98033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Swedish Medical Group Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4105
 Amount of Each Receipt this Period
 1000.00

B. Dr. James Blankenship
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Overlook Drive
 City Danville State PA Zip Code 17821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Geisinger Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4107
 Amount of Each Receipt this Period
 1000.00

C. Dr. Charles E Chambers
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Ramshead Gate
 City Hummelstown State PA Zip Code 17036
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Penn State Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4109
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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FOR LINE NUMBER: PAGE 8 OF 13
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 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. David Cox
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Monet Terrace
 City State Zip Code
 Charlotte NC 28226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lehigh Valley Health System Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2012
Transaction ID : SA11AI.4111
 Amount of Each Receipt this Period
 750.00

B. Dr. Ramesh Daggubati
 Full Name (Last, First, Middle Initial)
 Mailing Address 926 Bremerton Drive
 City State Zip Code
 Greenville NC 27858
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 East Coast Carolina University Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.01

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : SA11AI.4113
 Amount of Each Receipt this Period
 1000.01

c. 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 / D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : SA11AI.4115
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.01
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

A. Dr. Gregory J Dehmer
 Full Name (Last, First, Middle Initial)
 Mailing Address 11133 Overlook Cove
 City Belton State TX Zip Code 76513
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Scott & White Healthcare 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 / 09 / 2012
Transaction ID : SA11AI.4117
 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 Gibsonia State PA Zip Code 15044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WPAHS 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 / 09 / 2012
Transaction ID : SA11AI.4119
 Amount of Each Receipt this Period
 500.00

C. Dr. Ted Feldman
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 Longcommon
 City Riverside State IL Zip Code 60546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Evanstown Hospital Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4121
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
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: (check only one)	PAGE 10 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Dr. Steve Gigliotti
 Full Name (Last, First, Middle Initial)
 Mailing Address 2310 Pruett Street
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Seton Heart Institute Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 09 / 2012**
Transaction ID : SA11AI.4123
 Amount of Each Receipt this Period **1000.00**

B. Dr. James A Goldstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 1645 Hillwood Dr.
 City Bloomfield State MI Zip Code 48304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beaumont Hospital Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 09 / 2012**
Transaction ID : SA11AI.4125
 Amount of Each Receipt this Period **1000.00**

C. Dr. Ziyad M Hijazi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1313 N. Ritchie Ct. #701
 City Chicago State IL Zip Code 60610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rush University Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 09 / 2012**
Transaction ID : SA11AI.4127
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	3000.00
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. John Jeffery Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 7935 Innsbruck Drive
 City Atlanta State GA Zip Code 30350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Georgia Heart Center Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4129
 Amount of Each Receipt this Period
 2000.00

B. Dr. Srihari Naidu
 Full Name (Last, First, Middle Initial)
 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 Winthrop University Hospital Occupation 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 / 09 / 2012
Transaction ID : SA11AI.4131
 Amount of Each Receipt this Period
 1000.00

C. Dr. John Reilly
 Full Name (Last, First, Middle Initial)
 Mailing Address 651 Arabella St.
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Ochsner Health System 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 / 2012
Transaction ID : SA11AI.4133
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00
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: (check only one)	PAGE 12 OF 13
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Dr. Kenneth Rosenfield
 Full Name (Last, First, Middle Initial)
 Mailing Address 158 Prince Street
 City State Zip Code
 Newtown MA 02465
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Massachusetts General Hospital 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 / 09 / 2012
Transaction ID : SA11AI.4135
 Amount of Each Receipt this Period
 250.00

B. Dr. Carl L Tommaso
 Full Name (Last, First, Middle Initial)
 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 ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 01 / 2012
Transaction ID : SA11AI.4137
 Amount of Each Receipt this Period
 5000.00

C. Dr. Thomas Tu
 Full Name (Last, First, Middle Initial)
 Mailing Address 3003 Glenhill Ct.
 City State Zip Code
 Prospect KY 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baptist Medical Associates 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 / 09 / 2012
Transaction ID : SA11AI.4139
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....	6250.00
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 13 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. Bonnie Weiner
 Full Name (Last, First, Middle Initial)
 Mailing Address Post Office Box 707
 City State Zip Code
 Harvard MA 01451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bonnie H Weiner MD PC 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 / 09 / 2012
Transaction ID : SA11AI.4143
 Amount of Each Receipt this Period
 500.00

B. Dr. Christopher J White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 State Street
 City State Zip Code
 New Orleans LA 70118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Ochsner Health Systems 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 / 09 / 2012
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period
 1000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	25000.01