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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVE

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Office BEEG, MAIL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	การสุด และสุดตร เก็บการกล้า 5 เดอร์สารกลอดเกรด์การการใช้	
Society for Cardiova	ıscular Angiograph	ny and Interventions	- Politica	Action Committee	
	1100 17th Str	eet NW	1 1 1 1		
ADDRESS (number and street)	Pr and street) 1100 17th Street, NW Suite 330				
(Check if address is changed)	Washington		DC	20036 _ 4628	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e	e-mail address)			
(Check if address	wpowell@sca	a i. org	<u> </u>	11111111	
is changed)					
COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
(Check if address is changed)			<u> </u>		
2. DATE 04 21	2013			·	
3. FEC IDENTIFICATION N	UMBER C0	0519371			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	his Statement and to the bes	st of my knowledge and belief i	t is true, corre	ct and complete.	
Type or Print Name of Treasure	, Norman Mai	rç Linsky			
Signature of Treasurer	morthan J	my)	Date 04	4 / 21° / 2013	
•		n may subject the person signing TION SHOULD BE REPORTED V		to the penalties of 2 U.S.C. §437g. S.	
Office Use		For further information of Federal Election Commiss		FEC FORM 1	

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TYPE OF COMMITTEE							
Candidate Committee:							
(a) This committee is a principal campaign committee. (Complete the candidate information below	ı.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name of Candidate							
Candioate Office Sought: House Senate President	State District						
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate							
Party Committee:							
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a:						
Corporation W/o Capital Stock	Labor Organization						
Membership Organization Trade Association	Cooperative						
In addition, this committee is a Lobbyist/Registrant PAC.							
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party						
In addition, this committee is a Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
Joint Fundraising Representative:							
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate							
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political						
Committees Participating in Joint Fundraiser							
1. FEC ID number C	ente en esperantamentos en grantes provincios.						
2.	endanach suitean tas rite ar tur						
3.	anganonya sayanan gamanyo sayana m						
	land a straight of the section and the section of						

ı	FFC Form 1 (Revised)	02/2009)	Page 3				
	FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name						
S	Society for Cardiovascular Angiography and Interventions - Political Action Committee						
6.							
_							
2	Society for Cardiovascular Angiography and Interventions						
L							
	Mailing Address	1100 17th Street, NW					
		Suite 330					
		Washington DC	20036 - 4628				
		CITY STATE	ZIP CODE				
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Represent	tative Leadership PAC Sponsor				
	Ш						
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the	person in possession of committee				
Full Name Terie Paulette Ķiņg							
	ruii Naille L	1100,17th Street, NW	<u> </u>				
	Mailing Address	Suite 330					
		Washington	120036 1-14628				
		i i i i i i i i i i i i i i i i i i i	20000 - 4020				
	Title or Position	CITY STATE	ZIP CODE				
	Sr. Director, Accou	unting and Operations Telephone number 2	02, _ 741, _ 9863				
_		· · · · · · · · · · · · · · · · · · ·					
8.	8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).						
Full Name Norman Marc Linsky							
1100 17th Street NW							
	Mailing Address	Suite 330					
		Washington	120036 1-14628				
		CITY STATE	200364628				
	Title or Position						
	Executive Director	Telephone number	00 992 7224				

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Name of Bank, Depository, etc.

Washington

FEC Form 1 (Revised 02/2009)

Mailing Address CITY

CITY

DC

STATE

STATE

20005

ZIP CODE

ZIP CODE

M 900 M M (C)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	· · · · · · · · · · · · · · · · · ·				
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Next Busi	ness Day Delivery				
Received from House Records & Registration Office	Date of Receipt				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	of Receipt or Postmarked				
A	4/24/13				
PREPARER (3/2005)	DATÉ PREPARED				