



**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 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="2020"/>		73818.70
(b) Cash on Hand at Beginning of Reporting Period.....	70162.00	
(c) Total Receipts (from Line 19) .....	10932.92	11682.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	81094.92	85501.62
7. Total Disbursements (from Line 31).....	27260.68	31667.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53834.24	53834.24
9. 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

**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).....	9500.00	10250.00
(ii) Unitemized .....	400.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9900.00	10650.00
(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 Totals to Line 33, page 5) .....	9900.00	10650.00
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.) (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.).....	1032.92	1032.92
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)).....▶	10932.92	11682.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10932.92	11682.92

**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 .....	260.68	667.38
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	260.68	667.38
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27000.00	31000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	27260.68	31667.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27260.68	31667.38

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9900.00	10650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9900.00	10650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	260.68	667.38
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	260.68	667.38

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Amending to Correct missing transactions and proper balances.

Form/Schedule:  
Transaction ID:

**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 7 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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. Box, Lyndon, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W Wyndemere Drive

City Boise	State ID	Zip Code 83702-1370
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Valley Medical Group	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2020

**Transaction ID : 15197393**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

**B. Cigarroa, Joaquin, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2237 SW Humphrey Park Rd

City Portland	State OR	Zip Code 97221-2329
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oregon Health & Science	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2020

**Transaction ID : 15197396**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

**C. Tuohy, Edward, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 370 Wheelers Farms Road  
Unit 101

City Milford	State CT	Zip Code 06461-1994
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Cardiac Specialists, PC	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 22 / 2020

**Transaction ID : 15197398**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 8 OF 15
<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. Box, Lyndon, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W Wyndemere Drive

City Boise	State ID	Zip Code 83702-1370
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Valley Medical Group	Occupation (for Individual) Interventional Cardiologist
--	--

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
09		01		2020

**Transaction ID : 15197400**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

**B. Hu, Patrick, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W Wyndemere Drive

City Boise	State ID	Zip Code 83702-1370
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Riverside Medical Clinic	Occupation (for Individual) Interventional Cardiologist
---	--

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
09		16		2020

**Transaction ID : 15197401**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

**C. Goldswieg, Andrew, M, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 Chestnut Street

City Springfield	State MA	Zip Code 01199-1001
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) University of Massachusetts Baystate M	Occupation (for Individual) Interventional Cardiologist
---	--

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
09		16		2020

**Transaction ID : 15197402**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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 9 OF 15
<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. Szerlip, Molly, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3463 Foxboro Drive

City Richardson	State TX	Zip Code 75082-4124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Baylor Scott & White Health	Occupation (for Individual) Interventional Cardiologist
--	--

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
09 / 16 / 2020

**Transaction ID : 15197403**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

**B. Toggart, Edward, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4465 NW Honeysuckle Drive

City Corvallis	State OR	Zip Code 97330-3356
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Samaratan Health Services	Occupation (for Individual) Interventional Cardiologist
--	--

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
09 / 17 / 2020

**Transaction ID : 15197405**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

**C. Latif, Faisal, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3541 NW 173rd Circle

City Edmond	State OK	Zip Code 73012-6765
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U of Oklahoma Health	Occupation (for Individual) Interventional Cardiologist
---	--

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
09 / 17 / 2020

**Transaction ID : 15197406**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> 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 15
<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. Box, Lyndon, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W Wyndemere Drive

City Boise	State ID	Zip Code 83702-1370
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) West Valley Medical Group	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2020

**Transaction ID : 15197407**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

**B. Pitta, Sridevi, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7108 Basket Flower Rd

City Northlake	State TX	Zip Code 76226-2711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Health Resources	Occupation (for Individual) Interventional Cardiologist
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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
09		17		2020

**Transaction ID : 15197408**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

**c. O'Shaughnessy, Charles, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 East Broad Street, Suite 305

City Elyria	State OH	Zip Code 44035-6447
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northern Ohio Heart	Occupation (for Individual) Interventional Cardiologist
--	--

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
09		18		2020

**Transaction ID : 15197409**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 11 OF 15
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Tukaye, Deepali, , Dr,

Mailing Address 100 Bradley Park Lane, Apt 121

City Cumming	State GA	Zip Code 30040-3048
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northside Hospital	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		21		2020

**Transaction ID : 15197415**

Amount of Each Receipt this Period  
1500.00

Memo Item

SCAI PAC Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	9500.00

# 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 15
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Society for Cardiovascular Angiography and Interventions Association PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Society for Cardiovascular Angiography &amp; Interventions</b>		Date of Receipt
Mailing Address 1100 17th Street, NW Suite 400		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2020"/>
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 15197395</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1032.92"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1032.92"/>	Reimbursement of Merchant Fees

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		<input type="checkbox"/> Memo Item
Occupation (for Individual)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="1032.92"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value="1032.92"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Society for Cardiovascular Angiography and Interventions Association PAC**

Full Name (Last, First, Middle Initial)

**A. Suntrust Bank**

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15197394**  
 Amount of Each Disbursement this Period

Memo Item Merchant Fee

Full Name (Last, First, Middle Initial)

**B. Suntrust Bank**

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15197399**  
 Amount of Each Disbursement this Period

Memo Item Merchant Fee

Full Name (Last, First, Middle Initial)

**C. Suntrust Bank**

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : 15197418**  
 Amount of Each Disbursement this Period

Memo Item Merchant Fee

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Society for Cardiovascular Angiography and Interventions Association PAC**

Full Name (Last, First, Middle Initial)

**A. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
Contribution to Leadership PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	09	/	2020

FEC Identification Number

C C00415208

**Transaction ID : 15197428**

Amount of Each Disbursement this Period

5000.00

Contribution to Leadership PAC

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess For Congress**

Mailing Address PO Box 2334

City  
Denton

State  
TX

Zip Code  
76202-2334

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Burgess, Michael, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	19	/	2020

FEC Identification Number

C C00372532

**Transaction ID : 15197429**

Amount of Each Disbursement this Period

4000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**C. Upton For All Of Us**

Mailing Address 285 Ridgeway

City  
Saint Joseph

State  
MI

Zip Code  
49085-1048

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Upton, Fred, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2020

FEC Identification Number

C C00200584

**Transaction ID : 15197430**

Amount of Each Disbursement this Period

4000.00

Campaign Contribution

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

13000.00

27000.00