

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. 12FE4M5 SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS

ADDRESS (number and street) 1100 17TH STREET SUITE 400 WASHINGTON DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00519371 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DUFFY, PETER, , ,

Type or Print Name of Treasurer

Signature of Treasurer DUFFY, PETER, , , [Electronically Filed] Date 10 / 16 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**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**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>  |                         | 73999.94                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 70162.00                |                                   |
| (c) Total Receipts (from Line 19) .....  | 10150.00                | 10900.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 80312.00                | 84899.94                          |
| 7. Total Disbursements (from Line 31).....   | 27260.68                | 31848.62                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 53051.32                | 53051.32                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 9750.00                       | 10500.00                          |
| (ii) Unitemized .....   | 400.00                        | 400.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 10150.00                      | 10900.00                          |
| (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) .....  | 10150.00                      | 10900.00                          |
| 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.).....   | 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)).....▶                         | 10150.00                      | 10900.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 10150.00                      | 10900.00                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 587.94                            |
| (ii) Non-Federal Share.....  | 260.68                        | 260.68                            |
| (b) Other Federal Operating Expenditures .....   | 0.00                          | 0.00                              |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 260.68                        | 848.62                            |
| 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                      | 31848.62                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 27000.00                      | 31587.94                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 10150.00                              | 10900.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 10150.00                              | 10900.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 587.94                                    |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 587.94                                    |

**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 6 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 |

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**

**A. Box, Lyndon, Carlos, Dr., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 W. Wyndemere Dr.  
 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 Center Occupation (for Individual) Interventional Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 07 / 2020  
**Transaction ID : SA11AI.4197**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 SCAI PAC Contribution

**B. Box, Lyndon, Carlos, Dr., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 W. Wyndemere Dr.  
 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 Center Occupation (for Individual) Interventional Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 01 / 2020  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 SCAI PAC Contribution

**C. Box, Lyndon, Carlos, Dr., Esq.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 900 W. Wyndemere Dr.  
 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 Center Occupation (for Individual) Interventional Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 17 / 2020  
**Transaction ID : SA11AI.4199**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 SCAI PAC Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 3000.00 |
| <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 7 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**

**A. Cigarroa, Joaquin, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2761 SW Patton Ct  
 City Portland State OR Zip Code 97201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Oregon Health & Science Univ. Occupation (for Individual) Interventional Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 10 / 2020  
**Transaction ID : SA11AI.4203**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 SCAI PAC Contribution

**B. Goldsweig, Andrew, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1304 South 126th Street  
 City Omaha State NE Zip Code 68144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) U.of Nebraska Medical Center Occupation (for Individual) Interventional Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 17 / 2020  
**Transaction ID : SA11AI.4205**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 SCAI PAC Contribution

**C. Hu, Patrick, , Dr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12010 Cortona Place  
 City Riverside State CA Zip Code 92503  
 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 09 / 16 / 2020  
**Transaction ID : SA11AI.4200**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item  
 SCAI PAC Contribution

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 2000.00 |
| <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 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**

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

Mailing Address 1805 NW 195th Cir

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Edmond | State<br>OK | Zip Code<br>73012 |
|----------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University Health Sciences Cen | Occupation (for Individual)<br>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 : SA11AI.4201**

Amount of Each Receipt this Period  
1000.00

Memo Item  
SCAI PAC Contribution

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

Mailing Address 32411 Nottingham Dr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Avon Lake | State<br>OH | Zip Code<br>44012-2192 |
|-------------------|-------------|------------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>University Hospitals | Occupation (for Individual)<br>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    | / | 17    | / | 2020        |

**Transaction ID : SA11AI.4206**

Amount of Each Receipt this Period  
250.00

Memo Item  
SCAI PAC Contribution

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

Mailing Address 3799 W Olivia St

|                     |             |                        |
|---------------------|-------------|------------------------|
| City<br>Springfield | State<br>MO | Zip Code<br>65810-4724 |
|---------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Wheeler Heart & Vascular Cen. | Occupation (for Individual)<br>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    | / | 17    | / | 2020        |

**Transaction ID : SA11AI.4207**

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 9 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**

**A. Szerlip, Molly, , Dr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3463 Foxboro Dr

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>Richardson | State<br>TX | Zip Code<br>70582 |
|--------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Baylor Scott & White Heart | Occupation (for Individual)<br>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    | / | 17    | / | 2020        |

**Transaction ID : SA11AI.4204**

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<br>Corvallis | State<br>OR | Zip Code<br>97330 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer (for Individual)<br>Samaritan Cardiology | Occupation (for Individual)<br>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 : SA11AI.4202**

Amount of Each Receipt this Period  
1000.00

Memo Item  
SCAI PAC Contribution

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

Mailing Address 84 Merry Meet Ctr

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Fairfield | State<br>CA | Zip Code<br>06824-7014 |
|-------------------|-------------|------------------------|

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

|  |  |
|--|--|
| Name of Employer (for Individual)<br>Northeast Medical Group | Occupation (for Individual)<br>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 |
| 08    | / | 22    | / | 2020        |

**Transaction ID : SA11AI.4208**

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: PAGE 10 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**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Tukaye, Deepali, , Dr.,

Mailing Address 3508 Preston Pointe Way

City Cumming      State GA      Zip Code 30041

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

Name of Employer (for Individual) Northside Hospital Center      Occupation (for Individual) Inventional Cardiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2020

**Transaction ID : SA11AI.4218**

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

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 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 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).....▶ | 9750.00 |

**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 |

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**

**A. Do Right: Results Action Unity Leadership PAC**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement Leadership PAC contribution

Candidate Name Do Right: Results Action Unity Leadership PAC

Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 21 / 2020

FEC Identification Number C00569871

Transaction ID : SB23.4186

Amount of Each Disbursement this Period 5000.00

Memo Item

**B. Karen Bass for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 600 Pennsylvania Ave. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Campaign Contribution

Candidate Name Karen Bass for Congress

Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼

State: DC District:

Date of Disbursement 09 / 30 / 2020

FEC Identification Number C00476523

Transaction ID : SB23.4195

Amount of Each Disbursement this Period 5000.00

Memo Item

**C. KIND FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address 205 5TH AVENUE S ROOM 411

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement Campaign Contribution

Candidate Name KIND FOR CONGRESS COMMITTEE

Office Sought:  House  Senate  President Disbursement For: 2020  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement 08 / 07 / 2020

FEC Identification Number C00312017

Transaction ID : SB23.4170

Amount of Each Disbursement this Period 4000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 14000.00

**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**

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

Candidate Name

**LONE STAR LEADERSHIP PAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2020

FEC Identification Number

**C** C00415208

**Transaction ID : SB23.4187**

Amount of Each Disbursement this Period

5000.00

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

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**MICHAEL BURGESS FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2020

FEC Identification Number

**C** C00372532

**Transaction ID : SB23.4215**

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. UPTON FOR ALL OF US**

Mailing Address PO BOX 490

City  
SAINT JOSEPH

State  
MI

Zip Code  
49085

Purpose of Disbursement  
Campaign Contribution

Candidate Name

**UPTON FOR ALL OF US**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2020

FEC Identification Number

**C** C00200584

**Transaction ID : SB23.4171**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

13000.00

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

27000.00

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

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

**A.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4219**  Memo Item  
**Suntrust Bank, The, , ,**  
 Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement: Bank Fees

Activity or Event Identifier: **Administrative**

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: 622.83

Date: 07 / 10 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 34.89            |   | 34.89        |

**B.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4189**  Memo Item  
**Suntrust Bank, The, , ,**  
 Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement: Bank Fees

Activity or Event Identifier: Administrative

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: 687.41

Date: 08 / 10 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 64.58            |   | 64.58        |

**C.** Full Name (Last, First, Middle Initial) **Transaction ID : H4.4190**  Memo Item  
**Suntrust Bank, The, , ,**  
 Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement: Bank Fees

Activity or Event Identifier: Administrative

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: 848.62

Date: 09 / 10 / 2020

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 161.21           |   | 161.21       |

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00          |   | 260.68           |   | 260.68       |

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
| 0.00          |  | 260.68           |  | 260.68       |