

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 Association - Political Action Committee

ADDRESS (number and street) 2400 N Street, NW

Check if different than previously reported. (ACC) Suite 604

Washington DC 20037

2. **FEC IDENTIFICATION NUMBER ▼** C00519371 **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:
- | | | | |
|--------------------------------------|---|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input checked="" type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M M / D D D / Y Y Y Y Y Y in the State of

- (d) 30-Day **POST-Election** Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2012 through M M M / D D D / Y Y Y Y Y Y 05 / 31 / 2012

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 Norman Marc Linsky

Signature of Treasurer Norman Marc Linsky *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Society for Cardiovascular Angiography and Interventions Association - Political Action Committee

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="26000.01"/>	<input type="text" value="26000.01"/>
(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="26000.01"/>	<input type="text" value="26000.01"/>
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="26000.01"/>	<input type="text" value="26000.01"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Society for Cardiovascular Angiography and Interventions Association - Political Action Committee

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	1000.00	1000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	26000.01	26000.01
(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)	26000.01	26000.01
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))..... ▶	26000.01	26000.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26000.01	26000.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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)	26000.01	26000.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26000.01	26000.01
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 - Political Action Committee

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 Med 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.4103
 Amount of Each Receipt this Period
 2000.00

B. Bailey 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.4123
 Amount of Each Receipt this Period
 500.00

C. 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.4125
 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**

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"/> 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	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association - Political Action Committee

A. 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 / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period
 1000.00

B. 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 / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
 1000.00

C. Charles E Chambers
Full Name (Last, First, Middle Initial)

Mailing Address 9 Ramsgate Drive

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 / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11AI.4117

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 8 OF 13
(check only one)

<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 - Political Action Committee

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

Date of Receipt 05 / 10 / 2012
Transaction ID : SA11AI.4137
Amount of Each Receipt this Period 750.00

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

Date of Receipt 05 / 09 / 2012
Transaction ID : SA11AI.4139
Amount of Each Receipt this Period 1000.01

c. Larry S Dean
Full Name (Last, First, Middle Initial)
Mailing Address 6069 50th Avenue, NE
City Seattle State WA Zip Code 98115
FEC ID number of contributing federal political committee. C
Name of Employer University of Washington Occupation Physician
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 05 / 09 / 2012
Transaction ID : SA11AI.4113
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: (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 Association - Political Action Committee

A. 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.4141
 Amount of Each Receipt this Period
500.00

B. 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.4145
 Amount of Each Receipt this Period
500.00

C. 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 Evenston 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.4147
 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"/> 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

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association - Political Action Committee

Full Name (Last, First, Middle Initial) A. Steve Gigliotti		Date of Receipt
Mailing Address 2310 Pruett Street		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4149
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Seton Heart Institute	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) B. James A Goldstein		Date of Receipt
Mailing Address 1645 Hillwood Dr.		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City	State	Zip Code
Bloomfield Hills	MI	48304
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4151
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Beaumont Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) C. Ziyad M Hijazi		Date of Receipt
Mailing Address 1313 N. Ritchie Ct. #701		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City	State	Zip Code
Chicago	IL	60610
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4153
C		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	
Rush University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	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 - Political Action Committee

A. 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.4121
 Amount of Each Receipt this Period
 2000.00

B. 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.4157
 Amount of Each Receipt this Period
 1000.00

C. 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.4159
 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 - Political Action Committee

Full Name (Last, First, Middle Initial) A. Kenneth Rosenfield		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 Transaction ID : SA11AI.4161
Mailing Address 158 Prince Street		Amount of Each Receipt this Period 250.00
City Newton	State MA	Zip Code 02465
FEC ID number of contributing federal political committee. C	Name of Employer Massachusetts General Hospital	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Carl L Tommaso		Date of Receipt MM / DD / YYYY 05 / 01 / 2012 Transaction ID : SA11AI.4106
Mailing Address 110 Deepwood Rd		Amount of Each Receipt this Period 5000.00
City Barrington Hills	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Name of Employer Northshore Hospital	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Thomas Tu		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 Transaction ID : SA11AI.4163
Mailing Address 3003 Glenhill Ct		Amount of Each Receipt this Period 1000.00
City Prospect	State KY	Zip Code 40059
FEC ID number of contributing federal political committee. C	Name of Employer Baptist Medical Associates	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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 - Political Action Committee

Full Name (Last, First, Middle Initial)
A. Bonnie Weiner

Mailing Address PO 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 / D D / Y Y Y Y Y Y
 05 / 09 / 2012

Transaction ID : SA11AI.4165

Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Christopher J White

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 System Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2012

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C.

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 / 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