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FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other Tha	n An Authorized (	Committee	0	ffice Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ple: If typing, type he lines.	12FE4M5	
Society for Cardio	vascular Angiogr	aphy and Interve	entions Associa	tion PAC	
ADDRESS (number and stre	eet) 1100 17th Stree	et 			
Check if different than previously reported. (ACC)	Suite 400 Washington			DC	20036
2. <b>FEC IDENTIFICATIO</b>	N NUMBER ▼	CITY 🛦		STATE A	ZIP CODE ▲
C C00519371		3. IS THIS REPORT	NEW (N) OR	AMEN (A)	IDED
4. TYPE OF REPOR (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Reports:  July 15 Quarterly Reports:  October 15 Quarterly Report Report Report Report (Non-Year Only) (Non-Year Onl	PREPORT Due On:  (c) 12-D PRE Report (Q2) PRE Report (Q3)  Poort (Q3)  (d) 30-D Pos Report (Q3)  (ear election (Q3))  (for to the position of the position (Q3))  (extra poort (Q3))  (for to the position (Q3))  (for the position (Q3))	Election or the: C	May 20 (Ms  Jun 20 (M6  Jul 20 (M7)  rimary (12P)  onvention (12C)  M M M / D D /	) Sep 20	(Mon-Election Year Only)  (M9) Dec 20 (M12) (Non-Election Year Only)  (M10) Jan 31 (YE)  G) Runoff (12R)  in the State of DC
5. Covering Period	10 01 /	2020	through 10	M / D D / 14	2020
I certify that I have examin Type or Print Name of Tre	Seto, Arnold, ,		edge and belief it is	true, correct and co	omplete.
Signature of Treasurer	Seto, Arnold, , Dr,	[E	Electronically Filed]	Date 02	21 2023
NOTE: Submission of false,	erroneous, or incomple	te information may subj	ect the person signing	this Report to the p	penalties of 52 U.S.C. § 30109
Office Use					FEC FORM 3X Rev. 05/2016

#### **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

10 01 2020 10 14 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 73818.70 January 1. 2020 (b) Cash on Hand at 53834.24 Beginning of Reporting Period..... 8100.00 19782.92 Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 93601.62 61934.24 6(a) and 6(c) for Column B)..... 321.47 31988.85 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 61612.77 61612.77 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 05/2016)

Write or Type Committee Name

# Society for Cardiovascular Angiography and Interventions Association PAC

R	eport Covering the Period: From:	0 / 01 / Y Y Y Y Y Y Y TO	: 10 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  The Datividual Contribution of the		
	Than Political Committees  (i) Itemized (use Schedule A)	8000.00	18250.00
	(ii) Unitemized(iii) TOTAL (add	100.00	500.00
	Lines 11(a)(i) and (ii)	8100.00	18750.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)  Transfers From Affiliated/Other	8100.00	18750.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received  Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	0.00	1032.92
	(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))▶	8100.00	19782.92
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8100.00	19782.92

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B		
Operating Expenditures:	Iotal IIIIS Feliou	Calendar Year-to-Date		
(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	321.47	988.85		
Expenditures (c) Total Operating Expenditures	321.47	300.00		
(add 21(a)(i), (a)(ii), and (b))▶	321.47	988.85		
Transfers to Affiliated/Other Party	4 4	4 4 4		
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees		0,000,00		
and Other Political Committees	0.00	31000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures	4	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
	4 4	4 4		
Loan Repayments Made	0.00	0.00		
	7 7 7 7			
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man Folitical Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	4 4			
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
	4	Apr. Apr. Apr. Apr.		
Federal Election Activity (52 U.S.C. § 30101(2	20))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
,	3.00	4 4		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid	4 4	4 4		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	321.47	31988.85		
Tatal Fadaval Diskumania	4 4	4 4		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	201.17			
	321.47	31988.85		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8100.00	18750.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8100.00	18750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	321.47	988.85
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	321.47	988.85

# : 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F3XA Transaction ID :

Amending to Correct missing transactions and proper balances.

Form/Schedule: Transaction ID:

FOR LINE NUMBER: PAGE 7 OF Use separate schedule for each category of th Detailed Summary Pag

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	Statements may not be sold or used by any perse name and address of any political committee t					
NAME OF COMMITTEE (In Full) Society for Cardiovascular Ang	iography and Interventions Assoc	iation PAC				
Full Name of Individual (Last, First, Middle In Kurian, K, C, Dr,	Date of Receipt					
Mailing Address 85 Avenue DeLeMer Unit 203	State 7in Code	10 01 2020				
City Palm Coast	State         Zip Code           FL         32137-1225	Transaction ID : 15197435  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) AdventHealth Medical Group	Occupation (for Individual) Interventional Cardiologist	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	SCAI PAC Contribution				
Full Name of Individual (Last, First, Middle In Rao, Sunil, , Dr,  Mailing Address 626 1st Ave, Apt E38G	itial) or Full Organization Name	Date of Receipt				
City	State Zip Code	10 05 2020  Transaction ID : 15197436  Amount of Each Receipt this Period				
New York  FEC ID number of contributing federal political committee.	EC ID number of contributing					
Name of Employer (for Individual) NYU Langone Health	Occupation (for Individual) Interventional Cardiologist	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	SCAI PAC Contribution				
Full Name of Individual (Last, First, Middle In Duffy, Peter, , Dr,	itial) or Full Organization Name	Date of Receipt				
Mailing Address 95 Cherry Hill Dr	Otata Zin Onda	10 06 2020				
City Pinehurst	State         Zip Code           NC         28374-7119	Transaction ID : 15197437  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) Nash UNC Health Care	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	SCAI PAC Contribution				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	2500.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:							PAGE	8	OF	11	
(check only one)											
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			13		14		15	16	6	17	

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Grines, Cindy, L, Dr, Date of Receipt Mailing Address 111 Royal Dornoch Dr 2020 State Zip Code Transaction ID: 15197438 GA Johns Creek 30097-2069 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Interventional Cardiologist Northside Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Dea, Francesca, Dr, Date of Receipt Mailing Address 1100 17th Street, NW 10 2020 Suite 400 City State Zip Code Transaction ID: 15197439 DC Washington 20036-4645 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SCAI CEO Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution Other (specify) 1000.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cox, David, Dr, Date of Receipt Mailing Address 2501 Monet Ter 10 80 2020 City State Zip Code Transaction ID: 15197440 NC Charlotte 28226-3301 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sangers Heart & Vascular Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 1000.00 Other (specify) 3000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s)

FO	R LINE	NUMBER	:	PAGE	9 (	)F	11
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7	<b>1</b> 1a	11b	1	11c	12		
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for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dean, Larry, , Dr., Date of Receipt Mailing Address 1959 NE Pacific Box 356171 2020 09 City Zip Code State Transaction ID: 15197441 WA Seattle 98195-0001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **UW Medicine Heart Institute** Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rosenfield, Kenneth, , Dr, Date of Receipt Mailing Address 12 Knoll Crest Dr 10 2020 City State Zip Code Transaction ID: 15197442 Bedford NH 03110-6041 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Massachusetts General Hospital Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution Other (specify) 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Naidu, Srihari, S, Dr, Date of Receipt Mailing Address 527 E 72nd St, Apt 3CD 10 13 2020 City State Zip Code Transaction ID: 15197443 NY New York 10021-4011 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Westchester Medical Center Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 1000.00 Other (specify) 2000.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s)

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for each category of the Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dehmer, Gregory, J, Dr, Date of Receipt Mailing Address 2001 Crystal Spring Ave, #203 2020 14 City Zip Code State Transaction ID: 15197444 VA Roanoke 24014-2465 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Carillion Clinic Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00

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

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

8000.00

# S 17

SCHEDULE B (FEC Form 3X)			FOD LINE	LINE NUMBER: PAGE 11 OF 11				
ITEMIZED DISBURSEMENTS		parate schedule(s)	)   FOR LINE (check only	TE TOMBETT				
II LIVIIZED DISBURSEIVIEN IS		category of the	21b					
	Detailed	Summary Page	28a	28b 28c 29 30b				
Any information copied from such Reports and Stat	ements may	not be sold or u	sed by any nerso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the n								
NAME OF COMMITTEE (In Full)								
Society for Cardiovascular Angio	graphy a	nd Intervent	ions Associ	ation PAC				
V	- · •							
Full Name (Last, First, Middle Initial)				Data of Dishursomert				
A. Suntrust Bank				Date of Disbursement				
Mailing Address 515 King Street				10 13 2020				
Mailing Addiess 515 King Street				.0 10 2020				
City	State	Zip Code		FEC Identification Number				
Alexandria	VA	22314						
Purpose of Disbursement  Merchant Fee			204					
			001	Transaction ID: 15197459				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburs	ement For:		Туре	321.47				
Senate Sought.	Primary	General						
President	Other (spe			Merchant Fee Memo Item				
State: District:				I WELLO KELLI				
Full Name (Last, First, Middle Initial)								
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Office Sought: House Disburs Senate	Primary	General		7 7 7				
President	Other (spe			П.,				
State: District:		·- <b>J</b> /		Memo Item				
Full Name (Last, First, Middle Initial)								
C.				Date of Disbursement				
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Mailing Address								
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Candidate Name			Category/	Amount of Each Disbursement this Period				
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Senate	Primary Other (en	General						
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State. District.								
SUBTOTAL of Disbursements This Page (optional	١			321.47				
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TOTAL This Period (last nage this line number on	lv)			321.47				