| FEC<br>FORM 1  | STATEMENT OF<br>ORGANIZATION   | RECEIVED<br>2012 OCT 18 PM 2: 21<br>FEC MANLE CENTER |
|--|--|--|
| 1. NAME OF<br>COMMITTEE (in full)                    | (Check if name Example: If typing, type over the lines.  | 12FE4M5  |
| Society for Cardiov                                  | ascular Angiography and Interventions  | - Political Action Committee                         |
|  |  |  |
| ADDRESS (number and street)                          | 2400 N Street. NW  |  |
| (Check if address                                    | Suite 604  |  |
| is changed)  | Washington   |  |
|  | CITY   | STATE ZIP CODE                                       |
| COMMITTEE'S E-MAIL ADDRE                             | ESS (Please provide only one e-mail address)   |  |
| (Check if address                                    | wpowell@scai.org   |  |
| is changed)  |  |  |
| COMMITTEE'S WEB PAGE AD                              | DRESS (URL)  |  |
| (Check if address                                    |  |  |
| is changed)  |  | · · · · · · · · · · · · · · · · · · ·                |
| 2. DATE 10 <sup>M</sup> 1<br>3. FEC IDENTIFICATION N | 7 <sup>°</sup> 2012<br><sub>UMBER</sub> C 00519371   |  |
| 4. IS THIS STATEMENT                                 | NEW (N) OR AMENDED (A)   |  |
| I certify that I have examined t                     | his Statement and to the best of my knowledge and belief it  | is true, correct and complete.                       |
| Type or Print Name of Treasure                       | Norman Marc Linsky   |  |
| Signature of Treasurer                               | Smon More Juril  | Date 10 17 2012                                      |
| NOTE: Submission of false, error                     | eous, or incomplete information may subject the person signing t<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED W | · · · ·  |
| Office<br>Use<br>Only                                | For further information of<br>Føderal Election Commissi<br>Toll Free 800-424-9530                                  |  |

| FEG FORM I (REVISED UZ/2009) | rm 1 (Revised 02/2009) | FEC Form |
|------------------------------|------------------------|----------|
|------------------------------|------------------------|----------|

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| 5.                   | TYPE           | OF CC               | DMMITTEE   |
|----------------------|----------------|---------------------|--|
| Candidate Committee: |                |                     | Committee:   |
|                      | (a)            |                     | This committee is a principal campaign committee. (Complete the candidate information below.)  |
|                      | (b)            |                     | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)  |
|                      | Name<br>Candi  |                     |  |
|                      | Candi<br>Party | idate<br>Affiliatio | n Office State State State District  |
|                      | (c)            |                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|                      | Name<br>Candi  |                     |  |
|                      | Part           | v Com               | mittee:  |
|                      | (d)            |                     | (National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.  |
|                      | Polit          | tical Ar            | ction Committee (PAC):   |
|                      |                | 5                   |  |
|                      | (e)            | $\mathbf{X}$        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  |
|                      |                |                     | Corporation w/o Capital Stock Labor Organization   |
|                      |                |                     | Membership Organization Trade Association Cooperative  |
|                      |                |                     | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                      | (f)            |                     | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |
|                      |                |                     | In addition, this committee is a Lobbyist/Registrant PAC.  |
|                      |                |                     | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
|                      | Join           | t Fund              | raising Representative:  |
|                      | (g)            |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. |
|                      | (h)            |                     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.         |
|                      |                | Comr                | nittees Participating in Joint Fundraiser  |
|                      |                | 1.                  |  |
|                      |                | 2.                  | FEC ID number C  |
|                      |                | 3.                  |  |

4. \_\_\_\_\_ FEC ID number C

| FEC | Form | 1 | (Revised | 02/2009) |
|-----|------|---|----------|----------|
|-----|------|---|----------|----------|

Write or Type Committee Name

## Society for Cardiovascular Angiography and Interventions - Political Action Committee 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Society for Cardiovascular Angiography and Interventions

|    | a da a sa kanadaana da ana da mada mada mada mada m |  |              |                |                        |          |
|----|---|--|--------------|----------------|------------------------|----------|
|    | Mailing Address                                     | 2400 N St NW                                   |              |                |                        |          |
|    |   | Suite 604                                      |              |                |                        |          |
|    |   | [Washington⊨ ⊨ ⊨ ⊨ ⊨ ⊨ ⊨                       |              |                | 20037                  |          |
|    |   | CITY   |              | STATE          | ZIP CODE               |          |
|    | Relationship: Connecte                              | d Organization Affiliated Committee Joint F    | Fundraising  | Representative | e Leadership PAC       | Sponsor  |
| 7. | Custodian of Records: Ide books and records.        | ntify by name, address (phone number optional) | ) and positi | on of the pers | on in possession of co | ommittee |
|    |   | Paulette King                                  | <u></u>      |                |                        | 1.1      |
|    | Mailing Address                                     | 2400 N St. NW                                  |              | <u>III</u> _   | LIIIII                 | l        |
|    |   | Suite 604                                      | <u></u>      |                |                        |          |
|    |   |  |              |                |                        |          |

| M                      | /ashington        |     |      | 20037  | <u>]-L</u> | 1 |
|------------------------|-------------------|-----|------|--------|------------|---|
| Title or Position      | CITY              | STA | TE   | ZIP    | CODE       |   |
| Sr. Director, Accounti | ng and Operations |     | 1202 | I_1741 | 1_19863    |   |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name<br>of Treasurer | nan Marc Linsky                   |
|---------------------------|-----------------------------------|
| Mailing Address           | 2400 N St. NW                     |
|                           | Suite 604                         |
|                           | Washington [DC20037]              |
| Title or Position         | CITY STATE ZIP CODE               |
| Executive Director        | Telephone number 202 - 992 - 7224 |

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| Page | 4 |
|------|---|
|      |   |

| Full Name of<br>Designated<br>Agent | Wayne Alan Powell   |                  | <u> </u>                     |
|-------------------------------------|---|------------------|------------------------------|
| Mailing Address                     | 2400 N St. NW   | <u>i I I I I</u> |                              |
| -                                   | Suite 604   |                  |                              |
|                                     | Waşhington  | DC STATE         | 20037                        |
| Title or Position<br>Sr. Director   | Advocacy and Guidelines   | mber 202         | 2 [741 _ ] - [9869 _ ]       |
|                                     | <b>Depositories:</b> List all banks or other depositories in which the comminance or maintains funds.<br>Depository, etc. | ttee deposits    | funds, holds accounts, rents |
|                                     | Suntrust Bank   |                  |                              |
| Mailing Address                     | 1445 New York Avenue  | <u> </u>         |                              |
|                                     |   | <u>↓↓↓</u>       |                              |
|                                     | Washington  | DC ]             | 20037                        |
|                                     | CITY  | STATE            | ZIP CODE                     |
| Name of Bank, I                     | Depository, etc.  |                  |                              |
|                                     |   |                  |                              |
| Mailing Address                     |   |                  |                              |
|                                     |   |                  |                              |
|                                     |   |                  |                              |
|                                     | СІТҮ  | STATE            | ZIP CODE                     |

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| Federal Election Commission<br>ENVELOPE REPLACEMENT PAGE FOR INCOMIN<br>The FEC added this page to the end of this filing to indica |                               |
|---|-------------------------------|
|   | Date of Receipt               |
| Hand Delivered  | 10/18/12                      |
| USPS First Class Mail   | Postmarked                    |
| USPS Registered/Certified   | Postmarked (R/C)              |
| USPS Priority Mail  | Postmarked                    |
| Delivery Confirmation <sup>™</sup> or Signature Con   | nfirmation <sup>™</sup> Label |
| USPS Express Mail   | Postmarked                    |
| Postmark Illegible  |                               |
| No Postmark   |                               |
| Overnight Delivery Service (Specify):   | Shipping Date                 |
| Next Busin  | ness Day Delivery             |
| Received from House Records & Registration Office   | Date of Receipt               |
| Received from Senate Public Records Office  | Date of Receipt               |
| Received from Electronic Filing Office  | Date of Receipt               |
| Date o Other (Specify):   | f Receipt or Postmarked       |
| HAC<br>PRÉPARER   | 10/18/12<br>DATE PREPARED     |
| (3/2005)  |                               |