

# 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.   
**SOCIETY FOR CARDIOVASCULAR ANGIOGRAPHY AND INTERVENTIONS ASSOCIATION PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ 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 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 checked="" 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  /  /  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  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Dr. Thomas Tu

Signature of Treasurer Dr. Thomas Tu [Electronically Filed] Date  /  /

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)

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="2014"/>		43498.01
(b) Cash on Hand at Beginning of Reporting Period.....	45348.01	
(c) Total Receipts (from Line 19) .....	19750.00	23600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65098.01	67098.01
7. Total Disbursements (from Line 31).....	0.00	2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	65098.01	65098.01
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).....	19250.00	23000.00
(ii) Unitemized .....	500.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	19750.00	23600.00
(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) .....	19750.00	23600.00
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))..... ▶	19750.00	23600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19750.00	23600.00

**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 .....	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	2000.00
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	2000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	19750.00	23600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19750.00	23600.00
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 7 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 PAC**

**A. Dr. 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 / D D / Y Y Y Y Y Y  
 06 / 16 / 2014  
**Transaction ID : SA11AI.4494**  
 Amount of Each Receipt this Period  
 1000.00

**B. Dr. Charles E Chambers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Ramshead Gate  
 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  
 06 / 05 / 2014  
**Transaction ID : SA11AI.4529**  
 Amount of Each Receipt this Period  
 1000.00

**C. Dr. 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.4489**  
 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)  
 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 PAC**

**A. Dr. Larry S Dean**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 50th Avenue  
 City State Zip Code  
 Seattle WA 98115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Washington 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4526**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Gregory J Dehmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11133 Overlook Cove  
 City State Zip Code  
 Belton TX 76513  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Scott & White Healthcare 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4525**  
 Amount of Each Receipt this Period  
 500.00

**C. Dr. Peter Duffy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Regional Circle  
 City State Zip Code  
 Pinehurst NC 28374  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pinehurst Cardiology Consultan 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4521**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 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 PAC**

**A. Dr. 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 Evanstown Hospital Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2014  
**Transaction ID : SA11AI.4504**  
Amount of Each Receipt this Period 500.00

**B. Dr. Steve Gigliotti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2310 Pruett Street  
City Austin State TX Zip Code 78703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Seton Heart Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2014  
**Transaction ID : SA11AI.4522**  
Amount of Each Receipt this Period 1000.00

**C. Cindy L. Grines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3252 Pine Lake Rd  
City West Bloomfield State MI Zip Code 48324  
FEC ID number of contributing federal political committee. **C**  
Name of Employer DMC Cardiovascular Institute Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 05 / 2014  
**Transaction ID : SA11AI.4530**  
Amount of Each Receipt this Period 500.00

**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: 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 ASSOCIATION PAC**

**A. Dr. Louis A. Guzman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2045 East Clovelly Lane  
 City Saint Augustine State FL Zip Code 32092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Florida Health S 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4513**  
 Amount of Each Receipt this Period  
 500.00

**B. Dr. Michael R Jaff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Levbert Road  
 City Newton State MA Zip Code 02459  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Massachusetts General Hospital Occupation Physician  
 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4527**  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Clifford J. Kavinsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 175 North Taylor Avenue  
 City Oak Park State IL Zip Code 60302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rush University Medical Center Occupation Physician  
 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  
 06 / 09 / 2014  
**Transaction ID : SA11AI.4507**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 11 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 PAC**

Full Name (Last, First, Middle Initial)  
**A. Kartik Mani**

Mailing Address 1230 Churchill road

City Springfield State IL Zip Code 62702

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

Name of Employer Occupation  
Prairie Heart Inst. physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : SA11AI.4505**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Dr. John Jeffery Marshall**

Mailing Address 7935 Innsbruck Drive

City Atlanta State GA Zip Code 30350

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

Name of Employer Occupation  
Northeast Georgia Heart Center Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
06 / 05 / 2014  
**Transaction ID : SA11AI.4531**

Amount of Each Receipt this Period  
2000.00

Full Name (Last, First, Middle Initial)  
**C. Dr. John Reilly**

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 Occupation  
Ochsner Health System Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 09 / 2014  
**Transaction ID : SA11AI.4495**

Amount of Each Receipt this Period  
500.00

**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: (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 PAC**

**A. Dr. Edward J Toggart**  
Full Name (Last, First, Middle Initial)

Mailing Address 4465 NW Honeysuckle Drive

City Corvallis State OR Zip Code 97330

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

Name of Employer Samaritan Heart & Vascular Ins Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2014  
**Transaction ID : SA11AI.4515**

Amount of Each Receipt this Period 500.00

**B. Dr. Carl L Tommaso**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Deepwood Rd.

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 17 / 2014  
**Transaction ID : SA11AI.4491**

Amount of Each Receipt this Period 5000.00

**C. Barry F Uretsky**  
Full Name (Last, First, Middle Initial)

Mailing Address 2008 Grace Ct.

City Fort Smith State AR Zip Code 72903

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

Name of Employer UAMS Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 09 / 2014  
**Transaction ID : SA11AI.4511**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5750.00

**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 PAC**

**A. Dr. Robert N Vincent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1607 Barrington View  
 City State Zip Code  
 Stone Mountain GA 30087-1846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sibley Heart Center Physician  
 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  
 06 / 16 / 2014  
**Transaction ID : SA11AI.4492**  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Bonnie Weiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Post Office 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 ▼  
 3000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2014  
**Transaction ID : SA11AI.4503**  
 Amount of Each Receipt this Period  
 500.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 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 M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19250.00