

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 PAC

ADDRESS (number and street) 1100 17th Street
Suite 400
 Check if different than previously reported. (ACC) Washington DC 20036

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00519371 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:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [M M] / [D D] / [Y Y Y Y Y Y] in the State of []

5. Covering Period [M M] / [D D] / [Y Y Y Y Y Y] 11 / 24 / 2020 through [M M] / [D D] / [Y Y Y Y Y Y] 12 / 31 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Seto, Arnold, , Dr,
Type or Print Name of Treasurer

Signature of Treasurer Seto, Arnold, , Dr, [Electronically Filed] Date [M M] / [D D] / [Y Y Y Y Y Y] 02 / 21 / 2023

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)

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="2020"/>		73818.70
(b) Cash on Hand at Beginning of Reporting Period.....	58030.96	
(c) Total Receipts (from Line 19)	4050.00	30832.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62080.96	104651.42
7. Total Disbursements (from Line 31).....	69.73	42640.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62011.23	62011.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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).....	3750.00	28500.00
(ii) Unitemized	300.00	900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4050.00	29400.00
(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)	4050.00	29400.00
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	399.80
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	1032.92
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)).....▶	4050.00	30832.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4050.00	30832.72

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	69.73	1640.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	69.73	1640.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	41000.00
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)) ..	69.73	42640.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	69.73	42640.19

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)	4050.00	29400.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4050.00	29400.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	69.73	1640.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	399.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	69.73	1240.39

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amending to Correct missing transactions and proper balances.

Form/Schedule:
Transaction ID:

**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 10
<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 Association PAC

A. Chastain, Hollace, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11108 Parkview Circle

City Fort Wayne	State IN	Zip Code 46845-1730
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Parkview Physicians Group - Cardiology	Occupation (for Individual) 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
11	/	26	/	2020

Transaction ID : 15197469

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

B. Messenger, John, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12401 East 17th Ave
Box B132

City Aurora	State CO	Zip Code 80045-2589
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) U of Colorado Medical	Occupation (for Individual) 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
12	/	02	/	2020

Transaction ID : 15197472

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

c. Shah, Binita, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Ave A, Apt 2D

City New York	State NY	Zip Code 10009-6175
------------------	-------------	------------------------

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

Name of Employer (for Individual) NYU Grossman School of Medicine	Occupation (for Individual) 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
12	/	03	/	2020

Transaction ID : 15197473

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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 8 OF 10
<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. Dangas, George, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Gustave L Levy Place
Box 1030

City New York	State NY	Zip Code 10029-6504
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mount Sinai Hospital	Occupation (for Individual) 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
12	/	03	/	2020

Transaction ID : 15197474

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Caputo, Ronald, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 733 Riviera Rd

City Naples	State FL	Zip Code 34103-4132
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Physicians Regional Medical Center	Occupation (for Individual) 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
12	/	03	/	2020

Transaction ID : 15197475

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Feldman, Dmitriy, N, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 450 East 63rd Street, #12J

City New York	State NY	Zip Code 10065-7932
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Weill Cornell Medical Center	Occupation (for Individual) 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
12	/	03	/	2020

Transaction ID : 15197476

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 10
<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. Daggubati, Ramesh, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Medical Center Drive
Box 8500

City Morgantown State WV Zip Code 26506-1200

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

Name of Employer (for Individual) The West Virginia University School of Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **12 / 03 / 2020**

Transaction ID : 15197477

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

B. Kim, Dennis, W, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2835 Brandywine Road
Suite 400

City Atlanta State GA Zip Code 30341-5540

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

Name of Employer (for Individual) Childrens Healthcare of Atlanta Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 15 / 2020**

Transaction ID : 15197479

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 7108 Basket Flower Rd

City Northlake State TX Zip Code 76226-2711

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

Name of Employer (for Individual) Texas Health Resources Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.00

Date of Receipt **12 / 16 / 2020**

Transaction ID : 15197484

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	3750.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 Association PAC

Full Name (Last, First, Middle Initial)

A. Suntrust Bank

Mailing Address 515 King Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Merchant Fee

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		10		2020

FEC Identification Number

C

Transaction ID : 15197471

Amount of Each Disbursement this Period

69.73

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

69.73

69.73
