

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 ▼** C 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:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

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 01 / 01 / 2021 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2021

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="2021"/>		62011.23
(b) Cash on Hand at Beginning of Reporting Period.....	62011.23	
(c) Total Receipts (from Line 19)	5750.00	5750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67761.23	67761.23
7. Total Disbursements (from Line 31).....	14136.01	14136.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	53625.22	53625.22
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).....	5750.00	5750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5750.00	5750.00
(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)	5750.00	5750.00
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)).....▶	5750.00	5750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5750.00	5750.00

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	636.01	636.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	636.01	636.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	13500.00
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)) ..	14136.01	14136.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14136.01	14136.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	5750.00	5750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5750.00	5750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	636.01	636.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	636.01	636.01

: 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 14
	<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	

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. Bass, Ted, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4115 Alahambra Drive, West

City Jacksonville	State FL	Zip Code 32207-6016
----------------------	-------------	------------------------

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

Name of Employer (for Individual) UF Health Jacksonville	Occupation (for Individual) Interventional Cardiologist
---	--

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
04	/	21	/	2021

Transaction ID : 15193053

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 3556 Lake Ridge Dr

City Gainesville	State GA	Zip Code 30506-1089
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Northside 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
05	/	02	/	2021

Transaction ID : 15193054

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 793 Insbruch Dr

City Atlanta	State GA	Zip Code 30350
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Northside Hospital	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2021

Transaction ID : 15193055

Amount of Each Receipt this Period
2500.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	4000.00
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 14
<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. 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
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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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	22	/	2021

Transaction ID : 15193056

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

B. 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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2021

Transaction ID : 15193057

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

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2021

Transaction ID : 15193058

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
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 14
<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. 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
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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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2021

Transaction ID : 15193059

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

B. 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
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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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2021

Transaction ID : 15193060

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
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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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2021

Transaction ID : 15193061

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	750.00
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 14
(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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Raza, Syed, Arman, Dr,
 Mailing Address 7902 Pine Heath Ct
 City Humble State TX Zip Code 77396-4300
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) HCA Houston Healthcare Kingwood Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 23 / 2021
Transaction ID : 15193062
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. C
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	5750.00

**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

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197360
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197361
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197363
Amount of Each Disbursement this Period

Merchant Fee

Memo Item

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

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

**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

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197364
 Amount of Each Disbursement this Period

 Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Suntrust Bank

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197368
 Amount of Each Disbursement this Period

 Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. Suntrust Bank

Mailing Address 515 King Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Merchant Fee

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197369
 Amount of Each Disbursement this Period

 Merchant Fee

Memo Item

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

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Adam Kinzinger - Future 1st Committee

Mailing Address PO Box 2381

City
Ottawa

State
IL

Zip Code
61350

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2021

FEC Identification Number

C []
Transaction ID : 15193063
Amount of Each Disbursement this Period
[] 1000.00
Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bill Cassidy For US Senate

Mailing Address PO Box 80505

City
Baton Rouge

State
LA

Zip Code
70898-0505

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Cassidy, Bill, , Sen., Dr.

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: LA District:

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2021

FEC Identification Number

C C00543983
Transaction ID : 15193066
Amount of Each Disbursement this Period
[] 5000.00
Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens For Rush

Mailing Address 3534 South Calumet Ave

City
Chicago

State
IL

Zip Code
60653

Purpose of Disbursement
Campaign Contribution

011

Category/
Type

Candidate Name
Rush, Bobby, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2021

FEC Identification Number

C C00257121
Transaction ID : 15193067
Amount of Each Disbursement this Period
[] 2500.00
Campaign Contribution

Memo Item

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

[] 8500.00

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

[]

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

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 (Last, First, Middle Initial)

A. Continuing America's Strength and Security PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		27		2021

Mailing Address PO Box 80505

FEC Identification Number

C	C00480228
---	-----------

Transaction ID : 15193068

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Memo Item

City

Baton Rouge

State

LA

Zip Code

70898

Purpose of Disbursement

Campaign Contribution

011

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

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

5000.00

13500.00
