PAGE 1 / 14

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Aut	norized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Society for Cardiovasc	ular Angiography and	d Interventions Assoc	ation PAC
ADDRESS (number and street)	1100 17th Street		
▼ Check if different	Suite 400		
than previously reported. (ACC)	Washington		DC 20036 -
2. FEC IDENTIFICATION NU	IMBER ▼ CIT	ΓY ▲	STATE ▲ ZIP CODE ▲
C C00519371		S THIS NEW (N) C	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (20 (M3) Jun 20 (M3)	(Non-Election Year Only) Sep 20 (Mg) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (Q	1)		
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q			
January 31 Year-End Report (Y	E) Election	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 01	01 2021	through 06	M / D D / Y Y Y Y Y Y 30 2021
I certify that I have examined the	is Report and to the best of Seto, Arnold, , Dr,	my knowledge and belief it i	s true, correct and complete.
Type or Print Name of Treasurer			
Signature of Treasurer	Arnold, , Dr,	[Electronically Filed]	Date 02 / 21 / 2023
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person signi	ng this Report to the 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

01 2021 06 30 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 62011.23 January 1. 2021 (b) Cash on Hand at 62011.23 Beginning of Reporting Period..... 5750.00 5750.00 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 67761.23 67761.23 6(a) and 6(c) for Column B)..... 14136.01 14136.01 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 53625.22 53625.22 (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:		06 30 / 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 Than Political Committees				
	(i) Itemized (use Schedule A)	5750.00	5750.00		
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
	Lines 11(a)(i) and (ii)	5750.00	5750.00		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	0.00	0.00		
12.	Totals to Line 33, page 5) Transfers From Affiliated/Other	5750.00	5750.00		
	Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00		
16.	(Carry Totals to Line 37, page 5)	0.00	0.00		
17	Political Committees Other Federal Receipts	0.00	0.00		
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00		
	(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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Suisinal Tour to Bute
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	636.01	636.0
(c) Total Operating Expenditures		1 1 1 1 1 1 1 1 1
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	636.01	636.0
Committees	0.00	0.00
Federal Candidates/Committees and Other Political Committees	13500.00	13500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(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
Other Dishura create (Including	4 4	45 45
Other Disbursements (Including Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6)	(20))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
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))	14136.01	14136.01
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)

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
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
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5750.00	5750.00
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	636.01	636.01
87. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	636.01	636.01

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F3XA Transaction ID :

Amending to Correct missing transactions and proper balances.

Form/Schedule: Transaction ID:

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

Use separate schedule(s)

FOR LINE NUMBER:						PAGE	7	OF	14
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

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 Bass, Ted, , Dr, Date of Receipt Mailing Address 4115 Alahambra Drive, West 2021 Zip Code State Transaction ID: 15193053 FL Jacksonville 32207-6016 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) UF Health Jacksonville Interventional Cardiologist 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. Dupont, Allison, , Dr, Date of Receipt Mailing Address 3556 Lake Ridge Dr 05 2021 City State Zip Code Transaction ID: 15193054 GA Gainesville 30506-1089 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) Northside 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. Marshall, J, J, Dr, Date of Receipt Mailing Address 793 Insbruch Dr 23 2021 City State Zip Code Transaction ID: 15193055 GΑ Atlanta 30350 Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Northside Hospital Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 2500.00 Other (specify) 4000.00 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:						PAGE	8	OF	14
(check only one)									
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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 Pitta, Sridevi, , Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 2021 City Zip Code State Transaction ID: 15193056 TX Northlake 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Interventional Cardiologist Texas Health Resources Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Pitta, Sridevi, , Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 2021 City State Zip Code Transaction ID: 15193057 Northlake TX 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Resources 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. Pitta, Sridevi, Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 14 2021 City State Zip Code Transaction ID: 15193058 TX Northlake 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Resources Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 750.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

14

for each category of the Detailed Summary Page 13 14 15 16 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 Pitta, Sridevi, , Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 2021 City Zip Code State Transaction ID: 15193059 TX Northlake 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Resources Interventional Cardiologist 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.** Pitta, Sridevi, , Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 2021 City State Zip Code Transaction ID: 15193060 Northlake TX 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Resources Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution Other (specify) 1250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Pitta, Sridevi, Dr, Date of Receipt Mailing Address 7108 Basket Flower Rd 01 2021 City State Zip Code Transaction ID: 15193061 TX Northlake 76226-2711 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Texas Health Resources Interventional Cardiologist Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 1500.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

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 Raza, Syed, Arman, Dr, Date of Receipt Mailing Address 7902 Pine Heath Ct 2021 City Zip Code State Transaction ID: 15193062 TX Humble 77396-4300 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Interventional Cardiologist HCA Houston Healthcare Kingwood Receipt For: Aggregate Year-to-Date ▼ Primary General SCAI PAC Contribution 250.00 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) 250.00 SUBTOTAL of Receipts This Page (optional)..... 5750.00

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S	CHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 11 OF 14			
IT	EMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			uly one)			
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	NAME OF COMMITTEE (In Full)								
	Society for Cardiovascular Angiog	raphy ar	nd Intervention	ons Ass	soci	ation P	AC		
Α.	Full Name (Last, First, Middle Initial)					Doto o	f Disburse	mont	
Λ.	Suntrust Bank					Date 0	/ D		Y Y Y Y
	Mailing Address 515 King Street					01	1		2021
	City	State	Zip Code			FEC Id	entification	n Number	
	Alexandria Purpose of Disbursement	VA	22314						
	Merchant Fee			001		C			
	Candidate Name			Category	./			ID: 151973	ent this Period
				Type	<i>y</i> /	Amoun	l OI Eacii	Disbuiseme	ent this renou
	Office Sought: House Disburse	ment For:				l L .		1 40 1	287.86
	Senate	Primary	General				,	Merchant Fe	ee
	State: President State:	Other (spe	ecify) 🔻			Me	mo Item		
_	Full Name (Last, First, Middle Initial)								
В.	Suntrust Bank					Date of	f Disburse	ment	
						M = M	/ D		YIYIY
	Mailing Address 515 King Street	<u> </u>	T=: 0 .			02	1	0	2021
	City Alexandria	State VA	Zip Code 22314			FEC Id	entificatior	n Number	
	Purpose of Disbursement		22011		_	С			
	Merchant Fee			001			nsaction	ID : 151973	61
	Candidate Name			Category	//				ent this Period
	Office Sought: House Disburse	ment For:		Type					58.99
	Senate Disburse	Primary	General				7	Merchant Fe	1 46 1
	President	Other (spe				П		Merchant Fe	50
	State: District:					IVIE	mo Item		
	Full Name (Last, First, Middle Initial)					_			
C.	Suntrust Bank						f Disburse		
	Mailing Address 515 King Street					03	/ D		2021
	City	State	Zip Code			EEC 14	entification	a Number	
	Alexandria	VA	22314			FEC 10	enuncauor	i Nullibel	
	Purpose of Disbursement Merchant Fee			001		C	nsaction	ID : 151973	363
	Candidate Name			Category Type	//				ent this Period
	Office Sought: House Disburse	ment For:		туре					96.85
	Senate	Primary	General					Merchant F	20
	President	Other (spe	ecify) 🔻			Me Me	mo Item	Merchanti	56
_	State: District:					l l lvic			
s	UBTOTAL of Disbursements This Page (optional).								443.70
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF 14				
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		Summary Page	X 21b		26 27 29 30b		
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NAME OF COMMITTEE (In Full)							
Society for Cardiovascular Angiog	raphy a	nd Intervention	ons Assoc	ciation PAC			
Full Name (Last, First, Middle Initial)				Data of Diabura	noment		
A. Suntrust Bank				Date of Disburs	D / Y Y Y Y		
Mailing Address 515 King Street				04	12 2021		
City	State	Zip Code		FEC Identificati	on Number		
Alexandria	VA	22314					
Purpose of Disbursement Merchant Fee			001	C			
Candidate Name					n ID : 15197364		
			Category/ Type	Amount of Each	h Disbursement this Period		
Office Sought: House Disburse	ement For:				47.20		
Senate	Primary	General			Merchant Fee		
State: District:	Other (spe	ecify) \blacktriangledown		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Suntrust Bank				Date of Disburs	sement		
Curitiust Barik				M = M / D	D / Y Y Y Y Y		
Mailing Address 515 King Street				05	10 2021		
City	State	Zip Code		FEC Identificati	on Number		
Alexandria Purpose of Disbursement	VA	22314		C			
Merchant Fee			001		ID. 45407000		
Candidate Name			Category/	1	n ID: 15197368 h Disbursement this Period		
			Type				
	ement For:	Camaral		-	76.39		
Senate President	Primary Other (spe	General			Merchant Fee		
State: District:	Ctrior (opt	oony)		Memo Item	l		
Full Name (Last, First, Middle Initial)							
C. Suntrust Bank				Date of Disburs	sement		
Mailing Address 515 King Street				7	10 / 2021		
City	State	Zip Code		FEO Ida vir. vi	an Niverban		
Alexandria	VA	22314		FEC Identificati	on Number		
Purpose of Disbursement Merchant Fee			001	C			
Candidate Name			Category/		n ID: 15197369 Disbursement this Period		
Office Sought:	mort F-···		Туре		68.72		
Office Sought: House Disburse Senate	ement For: Primary	General					
President	Other (spe			п	Merchant Fee		
State: District:] -: 5: (Sp.	3, 4		Memo Item	l		
SUBTOTAL of Disbursements This Page (optional)					192.31		
TOTAL This Period (last page this line number only	<i>(</i>)				636.01		

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)				
	Detailed Summary Page	21b 28a	22 X 23 26 27 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , , ,					
Society for Cardiovascular Angiog	graphy and Interventio	ns Associa	tion PAC			
Full Name (Last, First, Middle Initial)						
A. Adam Kinzinger - Future 1st Com	mittee		Date of Disbursement			
Mailing Address PO Box 2381			06 06 2021			
City Ottawa	State Zip Code IL 61350		FEC Identification Number			
Purpose of Disbursement	01330		C			
Campaign Contribution		011	Transaction ID : 15193063			
Candidate Name	-	Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:	Туре	1000.00			
Senate	Primary General		Octobring Octobring			
President State: District:	Other (specify) ▼		Campaign Contribution Memo Item			
Full Name (Last, First, Middle Initial)						
B. Bill Cassidy For US Senate			Date of Disbursement			
			M = M / D = D / Y = Y = Y			
Mailing Address PO Box 80505			04 27 2021			
City	State Zip Code		FEC Identification Number			
Baton Rouge Purpose of Disbursement	LA 70898-0505		C C00543983			
Campaign Contribution		011				
Candidate Name		Category/	Transaction ID: 15193066 Amount of Each Disbursement this Period			
Cassidy, Bill, , Sen., Dr.		Туре				
	ement For: 2026		5000.00			
x Senate x President	Primary General Other (specify)		Campaign Contribution			
State: LA District:	Cirio (opeony)		Memo Item			
Full Name (Last, First, Middle Initial)						
C. Citizens For Rush			Date of Disbursement			
Mailing Address 3534 South Calumet Ave			02 25 2021			
City	State Zip Code					
Chicago	IL 60653		FEC Identification Number			
Purpose of Disbursement			C C00257121			
Campaign Contribution		011	Transaction ID : 15193067			
Rush, Bobby, , Rep.,	Candidate Name Category/					
	ement For: 2022	Туре	2500.00			
Senate Stag	Duimanu Canaval					
President	Other (specify) ▼		Campaign Contribution Memo Item			
State: IL District: 01			Wellie Itelli			
SUBTOTAL of Disbursements This Page (optional)		.	8500.00			
TOTAL This Period (last page this line number onl	y)					

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TOTAL Tries Period President Presid	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 OF				
Continuation copied from such Reports and Statements may root be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such Committee. Name of Committee (in Full)	•	Use separate schedule(s) (check			THE HOMBERS			
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) City State Strength and Security PAC Mailing Address PO Box 80505 City State Society for Cardiovascular Angiography and Interventions Association PAC Date of Disbursement Candidate Name Cardidate Name Clast First, Middle Initial) B. Mailing Address City State Society State Strength and Security PAC Disbursement For: State: Society State Socie	II LIVIIZED DISBUNGLIVILIVIS			` `				
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) Continuing America's Strength and Security PAC Malling Address PO Box 80505 City State LA TO868 Furpose of Disbursement Candidate Name Cardiodate Name Cardiodate Name Candidate Name City State Disbursement For: Galegory/ Type FEC Identification Number Candidate Name Calegory/ Type FEC Identification Number Calegory/ Type FEC Identification Number Calegory/ Type FEC Identification Number Calegory/ Type Firmary General Fec Identification Number Calegory/ Type FEC Identification Number FEC Identification Number FEC Identification Number Calegory/ Type		Detailed 8	Julillary Page	28a	28b 28c 29 30b			
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