

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
Washington DC 20036
 Check if different than previously reported. (ACC)

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2021 through [MM] / [DD] / [YYYY] 09 / 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 [MM] / [DD] / [YYYY] 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)

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="2021"/>	<input type="text" value=""/>	<input type="text" value="62011.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="53625.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9350.00"/>	<input type="text" value="15100.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="62975.22"/>	<input type="text" value="77111.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2641.88"/>	<input type="text" value="16777.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60333.34"/>	<input type="text" value="60333.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	9100.00	14850.00
(ii) Unitemized	250.00	250.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9350.00	15100.00
(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)	9350.00	15100.00
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)).....▶	9350.00	15100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9350.00	15100.00

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	141.88	777.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	141.88	777.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	16000.00
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)) ..	2641.88	16777.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2641.88	16777.89

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)	9350.00	15100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9350.00	15100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	141.88	777.89
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	141.88	777.89

: 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 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	

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. Box, Lyndon, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 900 W Wyndemere Drive

City Boise	State ID	Zip Code 83702-1370
---------------	-------------	------------------------

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

Name of Employer (for Individual) West Valley Medical Group	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
09		13		2021

Transaction ID : 15193073

Amount of Each Receipt this Period
2500.00

Memo Item

SCAI PAC Contribution

B. 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
--------------------	-------------	------------------------

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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2021

Transaction ID : 15193074

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 2237 SW Humphrey Park Rd

City Portland	State OR	Zip Code 97221-2329
------------------	-------------	------------------------

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

Name of Employer (for Individual) Oregon Health & Science	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
09		24		2021

Transaction ID : 15193075

Amount of Each Receipt this Period
1000.00

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 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. Grines, Cindy, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Royal Dornoch Dr

City Johns Creek	State GA	Zip Code 30097-2069
---------------------	-------------	------------------------

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 / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : 15193076

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Harris, William, L, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Cherry Hill Drive

City Pinehurst	State NC	Zip Code 28374-7119
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) FirstHealth Cardiology	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : 15193077

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 1000 N Front Street

City Lemoyne	State PA	Zip Code 17043-1034
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PHCVI	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : 15193078

Amount of Each Receipt this Period
250.00

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

Mailing Address 5901 E 7th Street
Cardiac Cath Lab, 3rd Floor

City Long Beach State CA Zip Code 90822-5201

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

Name of Employer (for Individual) Long Beach VA Health Care System Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 27 / 2021
Transaction ID : 15193079

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

B. Petrasko, Marian, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1800 Sunflower Cir

City Sioux Falls State SD Zip Code 57108-2882

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

Name of Employer (for Individual) Sanford Health Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 16 / 2021
Transaction ID : 15193080

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 ▼ 2000.00

Date of Receipt 08 / 02 / 2021
Transaction ID : 15193081

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).....	

**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 10 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. 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 ▼
4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		17		2021

Transaction ID : 15193083

Amount of Each Receipt this Period
2000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 626 1st Ave, Apt E38G

City New York	State NY	Zip Code 10016-3937
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) NYU Langone Health	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
08		31		2021

Transaction ID : 15193084

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. Raza, Syed, Arman, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7902 Pine Heath Ct

City Humble	State TX	Zip Code 77396-4300
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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 ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2021

Transaction ID : 15193086

Amount of Each Receipt this Period
100.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2350.00
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 11 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Pitta, Sridevi, , Dr,
 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 ▼ 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : 15197140
 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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 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).....▶	9100.00

**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
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 15197370
 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 : 15197371
 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 : 15197375
 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. Upton For All Of Us

Mailing Address 285 Ridgeway

City
Saint Joseph

State
MI

Zip Code
49085-1048

Purpose of Disbursement
Disbursed Contribution

011

Category/
Type

Candidate Name

Upton, Fred, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2021

FEC Identification Number

C C00200584

Transaction ID : 15193085

Amount of Each Disbursement this Period

2500.00

Disbursed Contribution

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

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

2500.00