

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 C C00519371 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (X), July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), 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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10 / 01 / 2021 through 12 / 31 / 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 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"/>	<input type="text" value="62011.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60333.34"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="33850.00"/>	<input type="text" value="48950.00"/>
(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="94183.34"/>	<input type="text" value="110961.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8773.57"/>	<input type="text" value="25551.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="85409.77"/>	<input type="text" value="85409.77"/>
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

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: / /

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).....	32750.00	47600.00
(ii) Unitemized	1100.00	1350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	33850.00	48950.00
(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)	33850.00	48950.00
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)).....▶	33850.00	48950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	33850.00	48950.00

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	1773.57	2551.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1773.57	2551.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	23000.00
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)) ..	8773.57	25551.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8773.57	25551.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	33850.00	48950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33850.00	48950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1773.57	2551.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1773.57	2551.46

: 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 24
<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. Hermler, James, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10590 North Meridian Street
Suite 300

City Carmel State IN Zip Code 46290-1028

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

Name of Employer (for Individual) St. Vincent Heart Center Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 01 / 2021
Transaction ID : 15193091

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 32255 Northwestern Highway

City Farmington Hills State MI Zip Code 48334-1566

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 15193092

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

C. Naidu, Srihari, S, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 527 E 72nd St, Apt 3CD

City New York State NY Zip Code 10021-4011

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

Name of Employer (for Individual) Westchester Medical Center Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2021
Transaction ID : 15193093

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 24
<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. Garratt, Kirk, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1702 North Park Ave, #32

City Wilmington	State DE	Zip Code 19806-2158
--------------------	-------------	------------------------

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

Name of Employer (for Individual) ChristianaCare	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
10	/	04	/	2021

Transaction ID : 15193262

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 704 Penny Lane

City West Chester	State PA	Zip Code 19380-2300
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Main Line 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
10	/	04	/	2021

Transaction ID : 15193265

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 5514 Yolanda Ln

City Dallas	State TX	Zip Code 75229-6440
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Heart Place	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
10	/	04	/	2021

Transaction ID : 15193266

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 24
<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. Latif, Faisal, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3541 NW 173rd Circle

City Edmond	State OK	Zip Code 73012-6765
----------------	-------------	------------------------

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

Name of Employer (for Individual) U of Oklahoma Health	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
10		04		2021

Transaction ID : 15193267

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 1947 Woodson Loop

City Eugene	State OR	Zip Code 97405-7019
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oregon Heart & Vascular	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
10		04		2021

Transaction ID : 15193268

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 1959 NE Pacific Box 356171

City Seattle	State WA	Zip Code 98195-0001
-----------------	-------------	------------------------

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

Name of Employer (for Individual) UW Medicine Heart Institute	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
10		09		2021

Transaction ID : 15193269

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2250.00
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 24
(check only one)

<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. Kurian, K, C, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85 Avenue DeLeMer
Unit 203

City Palm Coast State FL Zip Code 32137-1225

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

Name of Employer (for Individual) AdventHealth Medical Group Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 07 / 2021
Transaction ID : 15193271

Amount of Each Receipt this Period 1500.00

Memo Item

SCAI PAC Contribution

B. Yakubov, Steven, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3705 Olentangy River Road

City Columbus State OH Zip Code 43214-3467

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

Name of Employer (for Individual) OhioHealth Heart & Vascular Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 10 / 2021
Transaction ID : 15193272

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

C. Seto, Arnold, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 159 Savona Walk

City Long Beach State CA Zip Code 90803-4135

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

Name of Employer (for Individual) UC Irvine Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2021
Transaction ID : 15193273

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
	<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. Tukaye, Deepali, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Bradley Park Lane, Apt 121
 City Cumming State GA Zip Code 30040-3048
 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 ▼ 1000.00

Date of Receipt 10 / 06 / 2021
Transaction ID : 15197144
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

B. McDonagh, Jonathan, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8201 Clarks Road
 City Anchorage State AK Zip Code 99516-6942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Alaska Heart and Vascular Institute Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 17 / 2021
Transaction ID : 15197146
 Amount of Each Receipt this Period 2000.00
 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 ▼ 4500.00

Date of Receipt 10 / 18 / 2021
Transaction ID : 15197147
 Amount of Each Receipt this Period 2000.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<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. Hoyer, Mark, H, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 705 Riley Hospital Drive
Riley 1134

City Indianapolis State IN Zip Code 46202-5109

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

Name of Employer (for Individual) Riley Hospital for Children Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 21 / 2021
Transaction ID : 15197148

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 1100 17th Street, NW
Suite 400

City Washington State DC Zip Code 20036-4645

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

Name of Employer (for Individual) SCAI Occupation (for Individual) CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 22 / 2021
Transaction ID : 15197149

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 3463 Foxboro Drive

City Richardson State TX Zip Code 75082-4124

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

Name of Employer (for Individual) Baylor Scott & White Health Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2021
Transaction ID : 15197151

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
<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 10 / 23 / 2021
Transaction ID : 15197152

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 3400 Civic Center Blvd

City Philadelphia State PA Zip Code 19104-5127

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

Name of Employer (for Individual) UPenn Hospital Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 23 / 2021
Transaction ID : 15197153

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

C. Henry, Timothy, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Roebling Way #801

City Covington State KY Zip Code 41011

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

Name of Employer (for Individual) The Christ Hospital Health Network Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 23 / 2021
Transaction ID : 15197154

Amount of Each Receipt this Period 1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00

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 14 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. 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

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 10 / 23 / 2021
Transaction ID : 15197155

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

B. 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 ▼ 250.00

Date of Receipt 10 / 24 / 2021
Transaction ID : 15197156

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 7148 Sutter Ave

City Carmichael State CA Zip Code 95608-2856

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

Name of Employer (for Individual) UC Davis Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 25 / 2021
Transaction ID : 15197157

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 15 OF 24
<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
------------------	-------------	------------------------

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
10	/	27	/	2021

Transaction ID : 15197158

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

B. Dehmer, Gregory, J, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2001 Crystal Spring Ave, #203

City Roanoke	State VA	Zip Code 24014-2465
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Carillion Clinic	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
10	/	28	/	2021

Transaction ID : 15197159

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

C. Bartel, Robert, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1101 17th Street, NW. #400

City Washington	State DC	Zip Code 20036-4720
--------------------	-------------	------------------------

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

Name of Employer (for Individual) SCAI	Occupation (for Individual) Association Executive
---	--

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	/	09	/	2021

Transaction ID : 15197229

Amount of Each Receipt this Period
250.00

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 16 OF 24
<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. Aronow, Herb, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Ford Place, 2E50

City Detroit	State MI	Zip Code 48202-3450
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford Health	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
11 / 09 / 2021

Transaction ID : 15197230

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address One Ford Place, 2E50

City Detroit	State MI	Zip Code 48202-3450
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Henry Ford Health	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 09 / 2021

Transaction ID : 15197231

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

C. Rooney, Curtis, D, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2309 New Hampshire Ave, NW #606

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer (for Individual) SCAI	Occupation (for Individual) Association Executive
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 10 / 2021

Transaction ID : 15197259

Amount of Each Receipt this Period
250.00

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 17 OF 24
<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. Attaran, Robert, R, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 222 Whitfield Street

City Guilford	State CT	Zip Code 06437-3430
------------------	-------------	------------------------

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

Name of Employer (for Individual) Yale New Haven Hospital	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
11		11		2021

Transaction ID : 15197265

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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

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	/	D D	/	Y Y Y Y
11		13		2021

Transaction ID : 15197288

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 7775 Firefall Way
Apt 1340

City Dallas	State TX	Zip Code 75230-7309
----------------	-------------	------------------------

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

Name of Employer (for Individual) Dallas Veterans Affairs Medical Center	Occupation (for Individual) Interventional Cardiologist
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2021

Transaction ID : 15197296

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1750.00
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 18 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Snyder, Richard, , Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5514 Yolanda Ln

City Dallas	State TX	Zip Code 75229-6440
----------------	-------------	------------------------

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

Name of Employer (for Individual) Heart Place	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
11		18		2021

Transaction ID : 15197327

Amount of Each Receipt this Period
1500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 4465 NW Honeysuckle Drive

City Corvallis	State OR	Zip Code 97330-3356
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Samaratan Health Services	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
11		19		2021

Transaction ID : 15197329

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

C. Goldswieg, Andrew, M, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 759 Chestnut Street

City Springfield	State MA	Zip Code 01199-1001
---------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Massachusetts Baystate M	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		19		2021

Transaction ID : 15197330

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2750.00
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 19 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Barker, Colin, M, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 21st Avenue South
 MCE, 5th Floor, Ste 5209
 City Nashville State TN Zip Code 37232-0014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 19 / 2021**
Transaction ID : 15197331
 Amount of Each Receipt this Period **500.00**
 Memo Item
 SCAI PAC Contribution

B. Thompson, Charles, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4225 Port Hudson Pride Rd
 City Zachary State LA Zip Code 70791-7111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Institute of S Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 20 / 2021**
Transaction ID : 15197332
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 SCAI PAC Contribution

C. Lata, Kusum, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 W Eaton Ave, FL 2
 Cardiology
 City Tracy State CA Zip Code 95376-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 20 / 2021**
Transaction ID : 15197333
 Amount of Each Receipt this Period **1000.00**
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2500.00
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 20 OF 24
	<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. Tuohy, Edward, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 370 Wheelers Farms Road
 Unit 101
 City Milford State CT Zip Code 06461-1994
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiac Specialists, PC Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2021
Transaction ID : 15197334
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. Javier, Julian, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1168 Goodlette Frank Road North
 City Naples State FL Zip Code 34102-5451
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Naples Cardiac & Endovascular Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 15197336
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Kavinsky, Clifford, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1725 West Congress Parkway
 Suite 307
 City Chicago State IL Zip Code 60612-3809
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rush Medical Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2021
Transaction ID : 15197337
 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 21 OF 24
	<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. Cox, David, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Monet Ter
 City Charlotte State NC Zip Code 28226-3301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sangers Heart & Vascular Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 11 / 27 / 2021
Transaction ID : 15197342
 Amount of Each Receipt this Period 1500.00
 Memo Item
 SCAI PAC Contribution

B. Katrapati, Prashanth, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8919 Parallel Parkway East Tower, Ste 580
 City Kansas City State KS Zip Code 66112-1636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Medical Group Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2021
Transaction ID : 15197344
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. 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 11 / 30 / 2021
Transaction ID : 15197350
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 24
(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
Lee, Arthur, C, ,

Mailing Address 10856 Linda Vista Drive

City Cupertino State CA Zip Code 95014-4749

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

Name of Employer (for Individual) Providence Health & Services 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
 12 / 31 / 2021

Transaction ID : 15197359

Amount of Each Receipt this Period
 500.00

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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	32750.00

**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 : 15197376
Amount of Each Disbursement this Period

Memo Item Merchant Fee

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 : 15197377
Amount of Each Disbursement this Period

Memo Item Merchant Fee

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 : 15197378
Amount of Each Disbursement this Period

Memo Item Merchant Fee

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. Citizens For Rush

Mailing Address 3534 South Calumet Ave

City Chicago State IL Zip Code 60653

Purpose of Disbursement
SCAI PAC 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
10 / 21 / 2021

FEC Identification Number

C C00257121

Transaction ID : 15197136

Amount of Each Disbursement this Period

1000.00

SCAI PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Crapo Victory Committee

Mailing Address 228 S Washington St Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
SCAI PAC 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
12 / 01 / 2021

FEC Identification Number

C

Transaction ID : 15197137

Amount of Each Disbursement this Period

1000.00

SCAI PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Pete Sessions For Congress

Mailing Address 1512 Lake Air Dr Ste 117

City Waco State TX Zip Code 76710-2973

Purpose of Disbursement
SCAI PAC Contribution to Candidate

011
Category/
Type

Candidate Name
Sessions, Pete, , Rep.,

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: TX District: 17

Date of Disbursement

MM / DD / YYYY
11 / 10 / 2021

FEC Identification Number

C C00303305

Transaction ID : 15197139

Amount of Each Disbursement this Period

5000.00

SCAI PAC Contribution to Candidate

Memo Item

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

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

7000.00

7000.00