

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

SCAI PAC

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00519371

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

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 11 / 03 / 2020 in the State of DC

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 10 / 01 / 2020 through 10 / 14 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Duffy, Peter, L., Rep.,

Type or Print Name of Treasurer

Signature of Treasurer Duffy, Peter, L., Rep., [Electronically Filed] Date 10 / 14 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

SCAI PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="8100.00"/>	<input type="text" value="8100.00"/>
(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="8100.00"/>	<input type="text" value="8100.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8100.00"/>	<input type="text" value="8100.00"/>
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

SCAI PAC

Report Covering the Period: From: 10 / 01 / 2020 To: 10 / 14 / 2020

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).....	8000.00	8000.00
(ii) Unitemized	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8100.00	8100.00
(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)	8100.00	8100.00
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)).....▶	8100.00	8100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8100.00	8100.00

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	321.47	321.47
(ii) Non-Federal Share.....	- 321.47	- 321.47
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	321.47	321.47

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)	8100.00	8100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8100.00	8100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	321.47	321.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	321.47	321.47

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCAI PAC

A. Cox, David, A., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Monet Terr.
 City Charlotte State NC Zip Code 28286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Associates Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 08 / 2020
Transaction ID : SA11AI.4116
 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 5809 3rd Street S.
 City Arlington State VA Zip Code 22204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Soc. for Angiography & Interv Occupation (for Individual) Association Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 06 / 2020
Transaction ID : SA11AI.4117
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

C. Dean, Larry, S., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6069 50th Avenue NE
 City Seattle State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Univ. of Washington Medical Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 09 / 2020
Transaction ID : SA11AI.4118
 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 7 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SCAI PAC

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

Mailing Address 625 Highfield Road

City Salem	State VA	Zip Code 24153
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carilion 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	/	14	/	2020

Transaction ID : SA11AI.4119

Amount of Each Receipt this Period
500.00

Memo Item
SCAI PAC Contribution

B. Duffy, Peter, L., Rep.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 95 Cherry Hill Dr.

City Pinehurst	State NC	Zip Code 28375
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moses Cone Affil. Physicians	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	/	06	/	2020

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
1000.00

Memo Item
SCAI PAC Contribution

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

Mailing Address 111 Royal Dornach Dr.

City Johns Creek	State GA	Zip Code 30097
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northside Hospital	Occupation (for Individual) Interventionalist Cardiologist
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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	/	06	/	2020

Transaction ID : SA11AI.4121

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 8 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
SCAI PAC

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

Mailing Address 85 Avenue De Le Mar
Unit 203

City Palm Coast State FL Zip Code 32127

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
10 / 01 / 2020
Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
1000.00

Memo Item
SCAI PAC Contribution

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

Mailing Address 527 E. 72nd Street
Apt. 3CD

City New York State NY Zip Code 10021

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 ▼
1000.00

Date of Receipt
10 / 13 / 2020
Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
1000.00

Memo Item
SCAI PAC Contribution

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

Mailing Address 401 Meadowmont Lane

City Chapel Hill State NC Zip Code 27517

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

Name of Employer (for Individual) Duke University School of Med. Occupation (for Individual) Interventional Cardiologist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 05 / 2020
Transaction ID : SA11AI.4126

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: PAGE 9 OF 10
(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)
SCAI PAC

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

Mailing Address 12 Knoll Crest Dr.

City Bedford	State NH	Zip Code 03110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Mass. General 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		13		2020

Transaction ID : SA11AI.4127

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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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
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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 M	/	D D D	/	Y Y Y Y Y Y
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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).....	8000.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

SCAI PAC

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.4114 <input type="checkbox"/> Memo Item			Allocated Activity or Event:			
Suntrust Bank, The, , ,			<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
Mailing Address 515 King Street			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
City	State	Zip Code	Allocated Activity or Event Year-To-Date			
Alexandria	VA	22314	0.00			
Purpose of Disbursement: Bank Fee			Date			
Activity or Event Identifier: Administrative			10 / 13 / 2020			
Category/Type			001			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT
321.47			- 321.47			0.00

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:			Date			
Category/Type			M M / D D / Y Y Y Y Y Y			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:			
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt			
City			<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support			
			<input type="checkbox"/> Public Comm (ref to party only) by PAC			
Purpose of Disbursement:			Allocated Activity or Event Year-To-Date			
Activity or Event Identifier:			Date			
Category/Type			M M / D D / Y Y Y Y Y Y			
FEDERAL SHARE		+	NONFEDERAL SHARE		=	TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
321.47		- 321.47		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
321.47		- 321.47		0.00