

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, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2022 through 06 30 2022

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="2022"/>	<input type="text" value="85409.77"/>	<input type="text" value="85409.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="87639.15"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26434.38"/>	<input type="text" value="28934.38"/>
(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="114073.53"/>	<input type="text" value="114344.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8189.10"/>	<input type="text" value="8459.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="105884.43"/>	<input type="text" value="105884.43"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	14250.00	16750.00
(ii) Unitemized .....	100.00	100.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	14350.00	16850.00
(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) .....	14350.00	16850.00
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.....	8500.00	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	3584.38	3584.38
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)).....▶	26434.38	28934.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26434.38	28934.38

**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 .....	540.59	811.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	540.59	811.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
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).....	148.51	148.51
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)) ..	8189.10	8459.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8189.10	8459.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14350.00	16850.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14350.00	16850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	540.59	811.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	540.59	811.21

: 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 15
<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. Alraise, M, Chadi, Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 90 Hadsell Drive

City Bloomfield	State MI	Zip Code 48302-0435
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Detroit Medical Center Heart 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
04	/	20	/	2022

**Transaction ID : 15193275**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

**B. Al-Azizi, Karim, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5856 Sweeney Trail

City Frisco	State TX	Zip Code 75034-2267
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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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2022

**Transaction ID : 15196998**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

**C. Alaswad, Khaldoun, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2799 West Grand Blvd, K2-E249  
Cardiac Catheterization Laboratory

City Detroit	State MI	Zip Code 48202-2608
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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 M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2022

**Transaction ID : 15197000**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> 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 15
<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. Beale, Charles, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Blackstone Blvd  
Apt 4

City Providence	State RI	Zip Code 02906-5452
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) SMC Hawthorn Medical	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
05		20		2022

**Transaction ID : 15197012**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

**B. 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
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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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2022

**Transaction ID : 15197014**

Amount of Each Receipt this Period  
2000.00

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
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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
05		20		2022

**Transaction ID : 15197029**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 15
<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. Dupont, Allison, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3556 Lake Ridge Dr

City Gainesville	State GA	Zip Code 30506-1089
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Northside Hospital	Occupation (for Individual) Interventional Cardiologist
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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
06	/	30	/	2022

**Transaction ID : 15197033**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

**B. Guzman, Luis, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 Kimbershell Pl

City Henrico	State VA	Zip Code 23229
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) HCA Virginia Physicians	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2022

**Transaction ID : 15197041**

Amount of Each Receipt this Period  
500.00

Memo Item

SCAI PAC Contribution

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

Name of Employer (for Individual) St. Vincent Heart Center	Occupation (for Individual) Interventional 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
06	/	05	/	2022

**Transaction ID : 15197046**

Amount of Each Receipt this Period  
1000.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Pitta, Sridevi, , Dr,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7108 Basket Flower Rd

City Northlake	State TX	Zip Code 76226-2711
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Texas Health Resources	Occupation (for Individual) Interventional Cardiologist
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2022

**Transaction ID : 15197081**

Amount of Each Receipt this Period  
5000.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 12 Knoll Crest Dr

City Bedford	State NH	Zip Code 03110-6041
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Massachusetts General Hospital	Occupation (for Individual) Interventional Cardiologist
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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
06		03		2022

**Transaction ID : 15197088**

Amount of Each Receipt this Period  
250.00

Memo Item

SCAI PAC Contribution

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

Name of Employer (for Individual) Samaratan Health Services	Occupation (for Individual) Interventional Cardiologist
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2022

**Transaction ID : 15197100**

Amount of Each Receipt this Period  
750.00

Memo Item

SCAI PAC Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> 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 15
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Tukaye, Deepali, , Dr,

Mailing Address 100 Bradley Park Lane, Apt 121

City Cumming	State GA	Zip Code 30040-3048
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	10	/	2022

**Transaction ID : 15197103**

Amount of Each Receipt this Period  
1500.00

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	/	D D	/	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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	14250.00

**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 15
<input 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 checked="" 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. Karen Bass For Congress**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Pennsylvania Ave Se #15180

City Washington	State CA	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00476523

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	27	/	2022

**Transaction ID : 15197120**

Amount of Each Receipt this Period  
5000.00

Memo Item

SCAI PAC Refund

**B. Citizens For Rush**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3534 South Calumet Ave

City Chicago	State IL	Zip Code 60653
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FEC ID number of contributing federal political committee. **C** C00257121

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

Receipt For: 2022  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2022

**Transaction ID : 15197121**

Amount of Each Receipt this Period  
3500.00

Memo Item

SCAI PAC Refund

**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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	8500.00



**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. Truist**

Mailing Address 900 17th St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	2	2

FEC Identification Number

C [ ]

Transaction ID : 15197126

Amount of Each Disbursement this Period

[ ] 288.65

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

**B. Truist**

Mailing Address 900 17th St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Merchant Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	2

FEC Identification Number

C [ ]

Transaction ID : 15197127

Amount of Each Disbursement this Period

[ ] 251.94

Merchant Fee

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

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 540.59

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

[ ] 540.59

**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. Carolyn For Congress**

Mailing Address PO Box 301

City  
Suwanee

State  
GA

Zip Code  
30024

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Bourdeaux, Carolyn, , Rep., DPA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: GA District: 07

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2022

FEC Identification Number

C C00649376

**Transaction ID : 15197119**

Amount of Each Disbursement this Period

5000.00

Campaign Contribution

Memo Item

Full Name (Last, First, Middle Initial)

**B. Donald M Payne Jr For Congress**

Mailing Address PO Box 2406

City  
Newark

State  
NJ

Zip Code  
07114

Purpose of Disbursement  
SCAI PAC Contribution to Candidate

011

Category/  
Type

Candidate Name

**Payne, Donald, , Rep., Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

State: NJ District: 10

Date of Disbursement

MM / DD / YYYY  
04 / 28 / 2022

FEC Identification Number

C C00519355

**Transaction ID : 15202499**

Amount of Each Disbursement this Period

2500.00

SCAI PAC Contribution to Candidate

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)..... ▶

7500.00

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

7500.00