

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 07 01 2022 through 09 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"/>		85409.77
(b) Cash on Hand at Beginning of Reporting Period.....	105884.43	
(c) Total Receipts (from Line 19)	9100.00	38034.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	114984.43	123444.15
7. Total Disbursements (from Line 31).....	35112.92	43572.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	79871.51	79871.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: 07 / 01 / 2022 To: 09 / 30 / 2022

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).....	8800.00	25550.00
(ii) Unitemized	300.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9100.00	25950.00
(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)	9100.00	25950.00
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	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	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)).....▶	9100.00	38034.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9100.00	38034.38

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	112.92	924.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	112.92	924.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	42500.00
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	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)) ..	35112.92	43572.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35112.92	43572.64

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9100.00	25950.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9100.00	25950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	112.92	924.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	112.92	924.13

: 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"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address Medical Center Blvd

City Winston Salem State NC Zip Code 27157-0001

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

Name of Employer (for Individual) Wake Forest Baptist Health Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2022
Transaction ID : 15197013

Amount of Each Receipt this Period 500.00

Memo Item

SCAI PAC Contribution

B. Carr, Jeffrey, G, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5801 Quail Creek Drive

City Tyler State TX Zip Code 75703-4530

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

Name of Employer (for Individual) CardiaStream Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 07 / 2022
Transaction ID : 15197021

Amount of Each Receipt this Period 300.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 11108 Parkview Circle

City Fort Wayne State IN Zip Code 46845-1730

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

Name of Employer (for Individual) Parkview Physicians Group - Cardiology Occupation (for Individual) Interventional Cardiologist

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 24 / 2022
Transaction ID : 15197022

Amount of Each Receipt this Period 250.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 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. Choi, James, W, Dr,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8230 Walnut Hill Lane, #220

City Dallas	State TX	Zip Code 75231-4425
----------------	-------------	------------------------

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

Name of Employer (for Individual) Tx Health and 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
09		13		2022

Transaction ID : 15197023

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 2237 SW Humphrey Park Rd

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

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

Name of Employer (for Individual) Oregon Health & Science	Occupation (for Individual) Interventional Cardiologist
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2022

Transaction ID : 15197024

Amount of Each Receipt this Period
1000.00

Memo Item

SCAI PAC Contribution

C. 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
09		13		2022

Transaction ID : 15197030

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 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. 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
09		26		2022

Transaction ID : 15197036

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

Mailing Address 827 Olympic Drive

City Onalaska	State WI	Zip Code 54650-8237
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Gundersen Health System	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
09		25		2022

Transaction ID : 15197049

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

C. 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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2022

Transaction ID : 15197069

Amount of Each Receipt this Period
1250.00

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: (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. 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
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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
09	/	10	/	2022

Transaction ID : 15197087

Amount of Each Receipt this Period
250.00

Memo Item

SCAI PAC Contribution

B. 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
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2022

Transaction ID : 15197089

Amount of Each Receipt this Period
500.00

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2022

Transaction ID : 15197091

Amount of Each Receipt this Period
2500.00

Memo Item

SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 15
	<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. 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
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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 ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		13		2022

Transaction ID : 15197097

Amount of Each Receipt this Period
250.00

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
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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

M M	/	D D	/	Y Y Y Y
09		10		2022

Transaction ID : 15197109

Amount of Each Receipt this Period
500.00

Memo Item

SCAI PAC Contribution

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

SUBTOTAL of Receipts This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	8800.00

**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	7		1	1		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 15197128

Amount of Each Disbursement this Period

[REDACTED] 43.14

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	8		1	0		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 15197129

Amount of Each Disbursement this Period

[REDACTED] 34.89

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C. 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	9		1	2		2	0	2	2

FEC Identification Number

C [REDACTED]

Transaction ID : 15197130

Amount of Each Disbursement this Period

[REDACTED] 34.89

Merchant Fee

Memo Item

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

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

[REDACTED] 112.92

[REDACTED] 112.92

**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. Wenstrup For Congress

Mailing Address 512 Missouri Avenue

City Cincinnati

State OH

Zip Code 45226-1121

Purpose of Disbursement
SCAI PAC Contribution

011

Candidate Name

Wenstrup, Brad, , Rep., M.D.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2022

FEC Identification Number

C C00497818

Transaction ID : 15197110

Amount of Each Disbursement this Period

5000.00

SCAI PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Bera For Congress

Mailing Address PO Box 582496

City Elk Grove

State CA

Zip Code 95758

Purpose of Disbursement
Contribution

011

Candidate Name

Bera, Ami, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 06

Date of Disbursement

MM / DD / YYYY
07 / 29 / 2022

FEC Identification Number

C C00461061

Transaction ID : 15197112

Amount of Each Disbursement this Period

5000.00

Contribution

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton

State TX

Zip Code 76202-2334

Purpose of Disbursement
SCAI PAC Contribution

011

Candidate Name

Burgess, Michael, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2022

FEC Identification Number

C C00372532

Transaction ID : 15197113

Amount of Each Disbursement this Period

5000.00

SCAI PAC Contribution

Memo Item

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

15000.00

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. CHC Bold PAC

Mailing Address PO Box 33079

City
Washington

State
DC

Zip Code
20033

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
08 / 04 / 2022

FEC Identification Number

C C00365536

Transaction ID : 15197114

Amount of Each Disbursement this Period

5000.00

SCAI PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B. Ted Lieu For Congress

Mailing Address 777 S Figueroa St Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
SCAI PAC Contribution

011

Category/
Type

Candidate Name

Lieu, Ted, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: CA District: 36

Date of Disbursement

MM / DD / YYYY
08 / 25 / 2022

FEC Identification Number

C C00556506

Transaction ID : 15197115

Amount of Each Disbursement this Period

5000.00

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

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
08 / 25 / 2022

FEC Identification Number

C C00303305

Transaction ID : 15197116

Amount of Each Disbursement this Period

5000.00

SCAI PAC Contribution

Memo Item

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

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

15000.00

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 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. Terri Sewell For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2022

Mailing Address PO Box 1964

FEC Identification Number

C	C00458976
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City Birmingham State AL Zip Code 35201

Transaction ID : 15197117

Purpose of Disbursement
SCAI PAC Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00

Candidate Name

Sewell, Terri, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: AL District: 07

SCAI PAC Contribution

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

5000.00

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

35000.00
