

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

ADDRESS (number and street) 11065 HOMESHORE DRIVE
 Check if different than previously reported. (ACC)
PINCKNEY MI 48169

2. **FEC IDENTIFICATION NUMBER** C00421040
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 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on 11 07 2006 in the State of MI

5. Covering Period 10 01 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Margo L Burrage
Signature of Treasurer Electronically Filed by Margo L Burrage Date 06 12 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		0.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	34231.50									
(c) Total Receipts (from Line 19)	12700.00	57946.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46931.50	57946.00								
7. Total Disbursements (from Line 31)	5701.00	16715.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41230.50	41230.50								
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

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

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	12500.00	25775.00
(i) Itemized (use Schedule A)	200.00	27821.00
(ii) Unitemized	12700.00	53596.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	4350.00
(c) Other Political Committees (such as PACs)	12700.00	57946.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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 Transfer (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))	12700.00	57946.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12700.00	57946.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	201.00	215.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	201.00	215.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5500.00	16500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5701.00	16715.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5701.00	16715.50

DETAILED SUMMARY PAGE
of Disbursements

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)	12700.00	57946.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12700.00	57946.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	201.00	215.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	201.00	215.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. Dr. Herbert Acosta		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 E. Rusholme Suite 300		Transaction ID: SA11A1.4945	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		\$500/once	
Name of Employer Cardiovascular Medicine, PC Occupation physician		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Stephen Alldredge		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4946	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		\$1000/once	
Name of Employer Cardiovascular Medicine PC Occupation physician		Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Kumar Bobba		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 E. Rusholme Suite 300		Transaction ID: SA11A1.4947	
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		\$500/once	
Name of Employer Cardiovascular Medicine PC Occupation physician		Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. Dr. Prakash Bontu		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4948
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Cardiovascular Medicine PC Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$500/once
	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dr. Edmund Coyne		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4949
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Cardiovascular Medicine PC Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$1000/once
	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Eric Dippel		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4950
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Cardiovascular Medicine PC Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$1000/once
	Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

A. Full Name (Last, First, Middle Initial) Dr. Nidal Harb		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4952
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		\$250/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Dr. Kathleen Keyes		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4953
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		\$500/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dr. Mark Kovach		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4954
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		\$250/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

A. Full Name (Last, First, Middle Initial) Dr. Randolph Lewis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4955
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		\$250/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Full Name (Last, First, Middle Initial) Dr. Faraz Manazir		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4956
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		\$250/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. Full Name (Last, First, Middle Initial) Dr. Balakrishna Mundodi		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4957
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		\$250/once
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. Dr. Aswartha Pothula		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4958
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Medicine PC Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$250/once
	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Sanjeev Puri		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4959
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Medicine PC Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$250/once
	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Vijayaraghavar Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4960
City Davenport State IA Zip Code 52803	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Cardiovascular Medicine PC Occupation physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	\$500/once
	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

A. Full Name (Last, First, Middle Initial) Dr. Bouyella Reddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4962
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		\$1000/once
Name of Employer Cardiovascular Medicine PC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. Sora Reddy		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4963
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		\$1000/once
Name of Employer Cardiovascular Medicine PC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dr. Jon Robken		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4964
City State Zip Code Davenport IA 52803		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		\$1000/once
Name of Employer Cardiovascular Medicine PC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. Dr. Nicolas Shammas		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4965	
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		\$250/once	
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Peter Sharis		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4966	
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		\$500/once	
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Kent Van Why		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 1236 Rusholme Suite 300		Transaction ID: SA11A1.4967	
City Davenport State IA Zip Code 52803	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		\$500/once	
Name of Employer Cardiovascular Medicine PC Occupation physician	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 13 / 15	
	(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"/> 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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

A. Full Name (Last, First, Middle Initial)
Dr. William Witcik

Mailing Address 1236 Rusholme
Suite 300

City Davenport State IA Zip Code 52803

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

Name of Employer Cardiovascular Medicine PC Occupation physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	6

Transaction ID: SA11A1.4968

Amount of Each Receipt this Period

1000.00

\$1000/once

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	12500.00

**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)

PAGE 14 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.5024 Date of Disbursement																					
Mailing Address BOX 586		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	6	/	2	0	0	6														
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement political contribution		011	2500.00																				
Candidate Name MAX BAUCUS		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MT	District: 00																						

Full Name (Last, First, Middle Initial) B. LAMPSON FOR CONGRESS		Transaction ID: SB23.5022 Date of Disbursement																					
Mailing Address P.O. Box 58606		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	1	6	/	2	0	0	6														
City Houston	State TX	Zip Code 77258	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2006 general election debt		011	1000.00																				
Candidate Name NICHOLAS LAMPSON		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 22																						

Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONGRESS		Transaction ID: SB23.5040 Date of Disbursement																					
Mailing Address PO Box 2334		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	3	/	2	0	0	6														
City Denton	State TX	Zip Code 76202	Amount of Each Disbursement this Period																				
Purpose of Disbursement political contribution		011	1000.00																				
Candidate Name MICHAEL C DR BURGESS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TX	District: 26																						

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

PAGE 15 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial)

A. NATL REPUBLICAN CONGRESSIONAL COMMI

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
voided check of 9/20/06 on Q3 report

Candidate Name
NATL REPUBLICAN CONGRESSIONAL COMMI

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.5184

Date of Disbursement

10 / 29 / 2006

Amount of Each Disbursement this Period

-2000.00

Full Name (Last, First, Middle Initial)

B. NATL REPUBLICAN CONGRESSIONAL COMMI

Mailing Address 320 FIRST STREET

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
political contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.5026

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. TEXAS FREEDOM FUND

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
political contribution

Candidate Name
TEXAS FREEDOM FUND

Office Sought: House Senate President
Disbursement For: 2006 Primary General Other (specify) ▼

State: District:

Transaction ID: SB23.5042

Date of Disbursement

10 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

5500.00