

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
American College of Cardiology Political Action Committee

ADDRESS (number and street) 9111 Old Georgetown Rd
 Check if different than previously reported. (ACC)
Bethesda MD 20814

2. **FEC IDENTIFICATION NUMBER** C00375360
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 _____ in the State of _____

5. Covering Period 09 01 2006 through 09 30 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 Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 10 16 2006

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
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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		401220.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	406041.71									
(c) Total Receipts (from Line 19)	51148.47	220344.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	457190.18	621564.78								
7. Total Disbursements (from Line 31)	123633.95	288008.55								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	333556.23	333556.23								
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
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

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	46900.33	183741.64
(i) Itemized (use Schedule A)	3825.00	27370.32
(ii) Unitemized	50725.33	211111.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	50725.33	211111.96
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)	423.14	7232.78
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
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))	51148.47	220344.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51148.47	220344.74

DETAILED SUMMARY PAGE
of Disbursements

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.....	533.95	7068.89
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	533.95	7068.89
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	123100.00	277689.66
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	3250.00
(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	3250.00
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))..	123633.95	288008.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	123633.95	288008.55

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)	50725.33	211111.96
34. Total Contribution Refunds (from Line 28(d))	0.00	3250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50725.33	207861.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	533.95	7068.89
37. Offsets to Operating Expenditures (from Line 15, page 3)	423.14	7232.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.81	-163.89

**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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Ismail Ahmed		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2327 Beaver Creek		Transaction ID: 52681-73020571470261	
City State Zip Code Westlake OH 44145-4375	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 2256 Carlyle Court		Transaction ID: 65861-19149416685104	
City State Zip Code Buffalo Grove IL 60015-1884	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00		

Full Name (Last, First, Middle Initial) C. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 2151 Waukegan Rd #100		Transaction ID: 100206-VREF0BA3612A	
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
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 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Joseph Babb		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 2133 Conerstone Dr 3rd Floor, Room #378		Transaction ID: 52681-69024294614792
City Winterville	State NC	Zip Code 27858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer East Carolina UniversityB- rody School o	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Timothy Bateman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 4330 Wornall Rd Ste 2000		Transaction ID: 100206-VQEF0BB8CC2C
City Kansas City	State MO	Zip Code 64111-5939
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cardiovascular Consultant- s, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Loren Berenbom		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 8718 Delmar		Transaction ID: 65254-98695009946824
City Kansas City	State KS	Zip Code 66103-2937
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-America Cardiology at KU Med	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Danny Blankenship

Mailing Address 3600 Kolbe Rd Ste 127

City State Zip Code
Lorain OH 44053-1652

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

Name of Employer Occupation
North Ohio Heart Center ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-25329226255417

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Camille Bonta

Mailing Address 1120 5th St NW

City State Zip Code
Washington DC 20001-3606

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

Name of Employer Occupation
American College of Cardiology Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-16131228208542

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
Salvador Borromeo

Mailing Address 8 Panorama St

City State Zip Code
Las Vegas NV 89135-7831

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

Name of Employer Occupation
Heart Center of Nevada ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2006

Transaction ID: F6LD70HN1GEA5

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Alfred Bove		Date of Receipt M M / D D / Y Y Y Y Y 09 / 11 / 2006
Mailing Address 110 Anton Rd		Transaction ID: 57073-14724367856979
City Wynnewood	State PA	Zip Code 19140-5103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Temple University School of Medicine	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Noel Boyle		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 150 N Robertson Blvd		Transaction ID: 65861-58108156919479
City Beverly Hills	State CA	Zip Code 90095-0001
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer UCLA Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Patrick Breaux		Date of Receipt M M / D D / Y Y Y Y Y 09 / 20 / 2006
Mailing Address 1317 Killdeer		Transaction ID: 65861-88209170103074
City New Orleans	State LA	Zip Code 70121
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Alan Brown		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 801 S Washington St		Transaction ID: 100206-VREF0BA3AAAE
City Naperville	State IL	Zip Code 60540-7430
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) B. Dennis Calnon		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 7300 Penneyroyal Place		Transaction ID: 65861-86727541685105
City Dublin	State OH	Zip Code 43214-3467
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Ohio State University Hos- pital	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Hollace Chastain		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 1819 Carew St		Transaction ID: 100206-VRFF0BA3AAA5
City Fort Wayne	State IN	Zip Code 46805-4705
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	450.00
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 / 64
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Donald Cho		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 7953 Bellwood Lane #1003		Transaction ID: 52681-35430544614792	
City State Zip Code North Royalton OH 44256-9649	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Michael Cinquegrani		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 14755 Ridgemoor Dr		Transaction ID: 93197-97759646177292	
City State Zip Code Elm Grove WI 53226-3522	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Wisconsin Cardiology	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) C. Bernard Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 95 Johnny Cake Lane		Transaction ID: 65861-42193239927292	
City State Zip Code Glastonbury CT 06105-1208	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Francis Hospital and Medical Cente	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	1350.00
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 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Bernard Clark

Mailing Address 114 Woodland St

City State Zip Code
Hartford CT 06105-1208

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

Name of Employer
St. Francis Hospital and Medical Centre

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 29 / 2006

Transaction ID: 100206-VQFF0BB8CC35

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Benjamin Cohen

Mailing Address 17414 Cumpston St

City State Zip Code
Encino CA 91316-2514

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

Name of Employer
Interventional Cardiology Medical Group

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 65861-01937502622604

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Karen Collishaw

Mailing Address 9111 Old Georgetown Rd

City State Zip Code
Bethesda MD 20814-1616

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

Name of Employer
American College of Cardiology

Occupation
ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2006

Transaction ID: 100206-VRFF0BA3AAAD

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
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 13 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Jason Cool		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address 1200 W Chatham Dr		Transaction ID: 57073-96781557798386
City Payson	State AZ	Zip Code 85541-6273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. George Crossley		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 276 Stratton PI		Transaction ID: 65254-87846010923386
City Brentwood	State TN	Zip Code 37027-4228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-State Cardiology Associates	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Donald Dembo		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 9430 Bantry Rd		Transaction ID: 65861-22118777036667
City Easton	State MD	Zip Code 21093-7303
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Johns Hopkins Cardiology at Timonium	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	800.00
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 14 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Henry Demots		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 3040 NW 153rd Ave		Transaction ID: 65861-76858156919480	
City State Zip Code Beaverton OR 97239-3011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Oregon Health & Science University Divi	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Marco Diaz		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 20 Cross Hill Rd		Transaction ID: 65861-90240114927292	
City State Zip Code Cape Elizabeth ME 04107-5115	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Blair Erb		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 935 Highland Blvd Ste 4330		Transaction ID: 65861-21892946958542	
City State Zip Code Bozeman MT 59715-6904	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Bozeman, PC	Occupation ADULT CARDIOLOGY		
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) ▶	1500.00
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 15 / 64						
	(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

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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Naim Farhat		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 32421 Nottingham Dr		Transaction ID: 52681-23533266782760	
City State Zip Code Avon Lake OH 44012-2192	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. James Fasules		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 6 Cascades Dr		Transaction ID: 65254-76726931333542	
City State Zip Code Little Rock AR 72202-3510	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Children's HospitalPediatric	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 628.00		

Full Name (Last, First, Middle Initial) C. James Fasules		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 1900 Maryland		Transaction ID: 100206-VRFF0BA3AAAB	
City State Zip Code Little Rock AR 72202-3458	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Children's HospitalPediatric	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 628.00		

SUBTOTAL of Receipts This Page (optional) ▶	1292.00
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 16 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Steven Fera

Mailing Address 30 Tomahawk Trail

City State Zip Code
Wakefield RI 02879

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

Name of Employer S County Cardiology Assocs Inc
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-20408266782760

Amount of Each Receipt this Period
260.00

B. Full Name (Last, First, Middle Initial)
Jeff Fitzgerald

Mailing Address 9111 Old Georgetown Rd

City State Zip Code
Bethesda MD 20814-1616

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

Name of Employer American College of Cardiology
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 65861-02709597349166

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Anthony Fletcher

Mailing Address 19 Carmel Ln

City State Zip Code
Little Rock AR 72212-4400

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

Name of Employer Cardiology & Medicine Clinic
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-25857180356979

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	760.00
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 17 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gordon Fung

Mailing Address 1600 Divisadero St, C-244

City San Francisco State CA Zip Code 94115-3010

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

Name of Employer UCSF Medical Center at Mt. Zion Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
09 / 20 / 2006

Transaction ID: 65861-91184633970261

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kenneth Gibbs

Mailing Address 9250 South Tropical Trail

City Merritt Island State FL Zip Code 32901-3183

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

Name of Employer The Really Useful Cardiology Company Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 11 / 2006

Transaction ID: 57073-24166506528854

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Santosh Gill

Mailing Address 2088 Ogden Ave

City Aurora State IL Zip Code 60504-4376

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

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 20 / 2006

Transaction ID: 65861-10709780454635

Amount of Each Receipt this Period
500.00

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: (check only one)	PAGE 18 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. William Graettinger		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 4754 Village Green Parkway		Transaction ID: 65861-97001284360886
City State Zip Code Reno NV 89502-2597	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer University of Nevada School of Medicine	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. David Grech		Date of Receipt MM / DD / YYYY 09 / 22 / 2006
Mailing Address 3600 Kolbe Rd Ste 127		Transaction ID: 52681-59820193052292
City State Zip Code Lorain OH 44053-1652	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Barbara Greenan		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 9418 Balfour Dr		Transaction ID: 65861-17974489927292
City State Zip Code Bethesda MD 20814-1616	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer American College of Cardiology	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 19 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Abdul Haji		Date of Receipt MM / DD / YYYY 09 / 22 / 2006
Mailing Address 36323 Wendell St		Transaction ID: 52681-19242495298385
City Avon	State OH	
Zip Code 44011-4407		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer North Ohio Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John G. Harold		Date of Receipt MM / DD / YYYY 09 / 08 / 2006
Mailing Address 2473 Jupiter Dr		Transaction ID: 63724-48781985044479
City Los Angeles	State CA	
Zip Code 90046-1752		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cedars-Sinai Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert Hendel		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 1 Kingswood Court		Transaction ID: 65861-25642031431198
City Deerfield	State IL	
Zip Code 60021-1925		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Heart Specialists	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 20 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Hassan Ibrahim		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 703 Tyler St Ste 250		Transaction ID: 52681-86846560239792	
City State Zip Code Sandusky OH 44870-3390	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. David Joyce		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3600 Kolbe Rd Ste 127		Transaction ID: 52681-57281130552292	
City State Zip Code Lorain OH 44053-1652	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Jerry Kennett		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 2801 Pepper Tree Ln		Transaction ID: 52681-22982424497604	
City State Zip Code Columbia MO 65201-8608	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3500.00		

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 21 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Kienzle		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 816 River St		Transaction ID: 65254-48896425962448	
City Iowa City	State IA	Amount of Each Receipt this Period 250.00	
Zip Code 52242			
FEC ID number of contributing federal political committee. C			
Name of Employer University of Iowa Roy J. & Lucille A. C	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Jay Kleiman		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1875 S James Court North		Transaction ID: 65861-80234926939011	
City Lake Forest	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60045-4624			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Gerald Koppes		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 1303 McCullough Ste 300		Transaction ID: 57073-05460757017135	
City San Antonio	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 78212-5605			
FEC ID number of contributing federal political committee. C			
Name of Employer San Antonio Heart Associates, PA	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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 22 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Seth Krauss		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 2336 Loussac Dr		Transaction ID: 65861-75487917661667	
City Anchorage	State AK	Zip Code 99508-4643	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alaska Heart Institute	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Austin Kutscher		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006	
Mailing Address 21 N Main St		Transaction ID: 57073-17167299985885	
City Flemington	State NJ	Zip Code 08822-1156	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hunterdon Cardiovascular Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Christopher Lang		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 457 Williams St		Transaction ID: 65254-85207766294480	
City Denver	State CO	Zip Code 80205-5437	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Colorado Permanente Medical Group Dept	Occupation ADULT CARDIOLOGY		
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) ▶	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 23 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Roger Leonard

Mailing Address 11706 Split Tree Circle

City Potomac State MD Zip Code 20832-1514

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

Name of Employer Montgomery General Hospitals
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 11 / 2006

Transaction ID: 57073-58103579282761

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Thomas Lewandowski

Mailing Address 689 Yorkshire Rd

City Neenah State WI Zip Code 54911-3454

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

Name of Employer Appleton Cardiology Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
09 / 20 / 2006

Transaction ID: 65254-88076418638230

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Jack Lewin

Mailing Address 9111 Old Georgetown Rd

City Bethesda State MD Zip Code 20814-1616

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

Name of Employer American College of Cardiology
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 20 / 2006

Transaction ID: 65861-18064516782760

Amount of Each Receipt this Period
250.00

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 24 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Jerre Lutz		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 4627 Shiloh Ridge Trail		Transaction ID: 52681-29916018247604	
City State Zip Code Snellville GA 30322-0001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emory University School of MedicineDep	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Marshall Maglothin		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 9302 Lee Hwy Ste 620		Transaction ID: 65861-08025759458541	
City State Zip Code Fairfax VA 22031-6053	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Cardiovascular Group PC	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Earl Mangin		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 3509 Nottingham St		Transaction ID: 65861-22730654478073	
City State Zip Code Houston TX 77074-1805	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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 25 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Albert Mercer		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 1120 Griffith Ave		Transaction ID: 52681-65043276548386
City Owensboro	State KY	Zip Code 42301-2812
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Green River Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2080.00	

Full Name (Last, First, Middle Initial) B. Michael Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 3602 Meadowridge Lane		Transaction ID: 65861-43189638853073
City Midland	State TX	Zip Code 79707-4543
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Permian Cardiology Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 2005 Prestwick Lane		Transaction ID: 65861-52296084165573
City Fort Wayne	State IN	Zip Code 46805-4705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 26 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Mirro		Date of Receipt MM / DD / YYYY 09 / 30 / 2006
Mailing Address 1819 Carew St		Transaction ID: 100206-VREF0BA3AAAC
City Fort Wayne	State IN	
Zip Code 46805-4705	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

Full Name (Last, First, Middle Initial) B. Geetha Mohan		Date of Receipt MM / DD / YYYY 09 / 22 / 2006
Mailing Address 2739 Forest Lake Dr		Transaction ID: 52681-90345400571824
City Westlake	State OH	
Zip Code 44145-1777	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Charles Mullins		Date of Receipt MM / DD / YYYY 09 / 20 / 2006
Mailing Address 13714 Cottrell Ct		Transaction ID: 65861-30273073911667
City Houston	State TX	
Zip Code 77077-1130	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Baylor College of MedicineTexas Childr	Occupation PEDIATRIC CARD.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
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 27 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Fernando Munoz		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 350 John Deere Rd		Transaction ID: 65254-96616762876511	
City Moline	State IL	Zip Code 61265-6899	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Frank Navetta		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 619 S Fleishel Ave Ste 101		Transaction ID: 100206-VREF0BA3857C	
City Tyler	State TX	Zip Code 75701-2004	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tyler Inpatient Management Serv	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Steven Nissen		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 817 Hanover Rd		Transaction ID: 65254-50524538755417	
City Gates Mills	State OH	Zip Code 44195-0001	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic Foundation/Dept of Car	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Charles O'Shaughnessy		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 32411 Nottingham Dr		Transaction ID: 52681-11034792661666
City State Zip Code Avon Lake OH 44012-2192	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Ohio Heart Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. John Olsen		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 6809 142nd Court NE		Transaction ID: 65861-33889406919479
City State Zip Code Redmond WA 98122-4328	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Margaret Ontiveros		Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2006
Mailing Address PO Box 690264		Transaction ID: 57073-08143252134323
City State Zip Code San Antonio TX 78269-0264	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Theodore Pacheco		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 33616 Saint Sharbel Ct		Transaction ID: 52681-52349489927292	
City Avon	State OH	Zip Code 44011-3732	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Charles Paraboschi		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1656 Powderhorn Dr		Transaction ID: 65254-09614199399948	
City Newtown	State PA	Zip Code 19067-5526	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercer Bucks Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Kirk Parr		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 10590 N Meridian St Ste 300		Transaction ID: 65861-19186037778854	
City Indianapolis	State IN	Zip Code 46290-1028	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Care Group LLC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
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 30 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Apurva Patel		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 1030 North Hillpoint Blvd		Transaction ID: 63724-34502810239792	
City State Zip Code Suffolk VA 23434-8272	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Alan Pearlman		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4834 118th Ave NE		Transaction ID: 65861-63422793149948	
City State Zip Code Kirkland WA 98195-6422	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of WashingtonD-ivision of Ca	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Clarence Pearson		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1504 W Riverside Dr		Transaction ID: 52681-90929812192917	
City State Zip Code Carlsbad NM 88220-4164	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
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) ▶	1550.00
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 31 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. John Plowden		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 625 Willow Glen Dr		Transaction ID: 52681-37574404478073
City State Zip Code El Paso TX 79922-2210	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Children's Heart Center	Occupation PEDIATRIC CARD.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Stancel Riley		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 176 Morrow Rd		Transaction ID: 65861-99023073911667
City State Zip Code Guntersville AL 35976-8594	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation CARDIOVASC. SURG.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Harry Rockoff		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006
Mailing Address 2001 Santa Monica Blvd Ste 670W		Transaction ID: 52681-02296084165573
City State Zip Code Santa Monica CA 90404-2102	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 32 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
George Rodgers

Mailing Address 2441 Westlake Dr

City State Zip Code
Austin TX 78759-3542

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 65861-62038820981979

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
George Rodgers

Mailing Address 3300 Duval Rd Ste 150

City State Zip Code
Austin TX 78759-3542

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1015.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2006

Transaction ID: 100206-VQFF0BB8CC2E

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
Frank Ryan

Mailing Address 705 Ridgemont Ave

City State Zip Code
Rockville MD 20850-2108

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

Name of Employer Occupation
American College of Cardiology Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 63724-38799685239792

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	585.00
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 33 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
John Schaeffer

Mailing Address 161 Ridgeland Dr

City Amherst State OH Zip Code 44001-1727

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

Name of Employer North Ohio Heart Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
09 / 22 / 2006

Transaction ID: 52681-59606570005417

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charlie Shaeffer

Mailing Address 279 Viaduct Las Palmas

City Palm Springs State CA Zip Code 92270-3221

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

Name of Employer Desert Cardiology Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 22 / 2006

Transaction ID: 52681-73838442564011

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Parminder Sharma

Mailing Address 2566 Haymaker Rd Ste 208

City Monroeville State PA Zip Code 15146-3555

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
09 / 22 / 2006

Transaction ID: 52681-31802004575729

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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 34 / 64
	<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)
American College of Cardiology Political Action Committee

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

Mailing Address 3600 Kolbe Rd Ste 127

City State Zip Code
Lorain OH 44053-1652

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

Name of Employer
North Ohio Heart Center, Inc.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-46139162778854

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
M. Eugene Sherman

Mailing Address 5110 South Hanover Way

City State Zip Code
Englewood CO 80011-6742

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

Name of Employer
Aurora Medical Associates, PC

Occupation
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 65254-39345949888229

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stanley Shin

Mailing Address 368 Northside Dr. E

City State Zip Code
Statesboro GA 30458-4839

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

Name of Employer
Statesboro Cardiology, P.-C.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2006

Transaction ID: 63724-63311403989792

Amount of Each Receipt this Period
500.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 35 / 64
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Robert Shor		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 11211 Bright Pond Lane		Transaction ID: 65861-10383242368698	
City Reston	State VA	Amount of Each Receipt this Period 250.00	
Zip Code 20190-3236		Transaction ID: 65861-10383242368698	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. M. Theodore Silver		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 697 Lebanon Rd		Transaction ID: 65254-04311770200729	
City Winterport	State ME	Amount of Each Receipt this Period 1000.00	
Zip Code 04401-4332		Transaction ID: 65254-04311770200729	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer NE Cardiology Associates		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Chittur Sivaram		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 1616 Boomer Trail North		Transaction ID: 52681-28052920103073	
City Edmond	State OK	Amount of Each Receipt this Period 1000.00	
Zip Code 73126-0901		Transaction ID: 52681-28052920103073	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer University of Oklahoma & DVA Medical C		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	2250.00

**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 36 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
Peter Smith

Mailing Address 1000 N Oak Ave

City State Zip Code
Marshfield WI 54449-5703

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

Name of Employer Occupation
Marshfield Clinic ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 65861-65559023618698

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard Snyder

Mailing Address 5514 Yolanda

City State Zip Code
Dallas TX 75230-2500

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

Name of Employer Occupation
HeartPlace ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2006

Transaction ID: 65861-03004091978073

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Donald Summers

Mailing Address 8 Pine Dr

City State Zip Code
Port Washington NY 11050-3404

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 11 / 2006

Transaction ID: 57073-99998110532761

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 37 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Qarab Syed		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 16466 Georgetown Ct		Transaction ID: 52681-23202151060104	
City State Zip Code Strongsville OH 44136-7270	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Ganpat Thakker		Date of Receipt M M / D D / Y Y Y Y 09 / 22 / 2006	
Mailing Address 3100 Maccorkle Ave SE Ste 902		Transaction ID: 52681-60107058286667	
City State Zip Code Charleston WV 25304-1234	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Advanced Cardio-Vascular Services, PLL	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Gregory Thomas		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 32582 Balearic Rd		Transaction ID: 65861-03525942564010	
City State Zip Code Dana Point CA 92629-3613	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mission Internal Medical Group	Occupation NUCLEAR CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

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:	PAGE 38 / 64						
	(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

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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
James Thomas

Mailing Address 19755 Chagrin Blvd

City State Zip Code
Shaker Heights OH 44122-4914

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

Name of Employer Cleveland Clinic Foundation
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2006

Transaction ID: 52681-24464052915573

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Andrew Van Tosh

Mailing Address Dazin Building 8th Floor
16th and 1st Ave

City State Zip Code
New York NY 10003

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

Name of Employer Beth Israel Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 91895-00201052427291

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Diane Wallis

Mailing Address 3825 Ighland Ave
Ste 400

City State Zip Code
Downers Grove IL 60515-1562

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

Name of Employer Midwest Heart Specialists
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2006

Transaction ID: 65254-01342409849166

Amount of Each Receipt this Period
250.00

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 39 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Howard Walpole		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 31 Northumberland		Transaction ID: 65861-78846377134323
City State Zip Code Nashville TN 37205-2018	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heart Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Mary Walsh		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006
Mailing Address 8333 Naab Rd, Ste 400		Transaction ID: 100206-VQEF0BB8CC34
City State Zip Code Indianapolis IN 46260-1992	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Director, CHF and Nuclear CardiologyTh	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. L. Wann		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006
Mailing Address 4776 North Cumberland Blvd		Transaction ID: 65861-12235659360885
City State Zip Code Whitefish Bay WI 53226-4362	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Wisconsin Heart and Vascular Clinics	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 40 / 64
	<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
W. Douglas Weaver

Mailing Address 474 Townsend St

City Birmingham State MI Zip Code 48202-2608

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

Name of Employer Henry Ford Heart & Vascular Institute
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 08 / 2006

Transaction ID: 63724-34177798032760

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Philip Wendschuh

Mailing Address 3600 Kolbe Rd Ste 127

City Lorain State OH Zip Code 44053-1652

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

Name of Employer North Ohio Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 22 / 2006

Transaction ID: 52681-71877688169480

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Steven West

Mailing Address 15636 Fiddlesticks Blvd

City Fort Myers State FL Zip Code 33912-4335

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

Name of Employer Cardiology Consultants of Southwest FL
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2006

Transaction ID: 65861-20608156919479

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Steven West		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 14171 Metropolis Ave Ste 101		Transaction ID: 100206-VRFF0BA3AAAF	
City State Zip Code Fort Myers FL 33912-4335	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of SW FL	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) B. Harvey White		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1020 El Pueblo NW		Transaction ID: 65254-06301516294479	
City State Zip Code Albuquerque NM 87102-2512	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Heart Institute	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Michael Widmer		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 2753 Red Oak Dr		Transaction ID: 65254-50831240415573	
City State Zip Code Bend OR 97701-8348	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Cardiology Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
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 42 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Kim Williams		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 5758 S Maryland Ave		Transaction ID: 65861-00094240903854	
City State Zip Code Chicago IL 60605-3258	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Chicago Sections of Cardiology of Cardi	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Joseph Wilson		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2006	
Mailing Address 755 Mount Vernon Highway, #530		Transaction ID: 63724-21358889341354	
City State Zip Code Atlanta GA 30328-4287	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology of Georgia, P.-C.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. John Windle		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 2909 S 100th St		Transaction ID: 65861-54964846372604	
City State Zip Code Omaha NE 68198-2265	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Nebraska Medical Ctr	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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 43 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. John Windsor		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 310 N 10th St		Transaction ID: 100206-VRFF0BA3AAA9	
City Bismarck	State ND	Amount of Each Receipt this Period 100.00	
Zip Code 58501-4516		Transaction ID: 100206-VRFF0BA3AAA9	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. Stuart Winston		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 3055 Cottontail Ct		Transaction ID: 65861-26246279478073	
City Ann Arbor	State MI	Amount of Each Receipt this Period 250.00	
Zip Code 48103-1775		Transaction ID: 65861-26246279478073	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Michigan Heart PC	Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. David Wolinsky		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 4 Atrium Dr		Transaction ID: 65861-30799502134323	
City Albany	State NY	Amount of Each Receipt this Period 250.00	
Zip Code 12205-1441		Transaction ID: 65861-30799502134323	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Albany Associates and Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	600.00

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 44 / 64
	<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Michael Wolk		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2006	
Mailing Address 876 Park Ave		Transaction ID: 100206-VREF0BA3AAAA	
City State Zip Code New York NY 10021-8722	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Cardiology Assoc.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97		

Full Name (Last, First, Middle Initial) B. R. Scott Wright		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2006	
Mailing Address 200 First St SW		Transaction ID: 100206-VQFF0B9C8506	
City State Zip Code Rochester MN 55905-0001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) C. Richard Wright		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 16 Salishan Court		Transaction ID: 65254-27067202329635	
City State Zip Code Chico CA 90404-2102	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	363.33
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 45 / 64
	(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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Raymond Yen		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 1334 W Covina Blvd Ste 205		Transaction ID: 65861-04479616880416
City State Zip Code San Dimas CA 91773-3211	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Foothill Cardiology/California Heart M	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) William Zoghbi		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 6
Mailing Address 6618 Sewanee Ave		Transaction ID: 65254-38059633970261
City State Zip Code Houston TX 77030	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Methodist DeBakey Heart Center	Occupation ECHOCARDIOGRAPHY	
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)	1250.00
TOTAL This Period (last page this line number only)	46900.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 64
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7232.78

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 6

Transaction ID: 59433-46047610044479

Amount of Each Receipt this Period
365.28

Reimburse for Sept. Disc/- Merchant Fees

B. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7232.78

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 2 / 2 0 0 6

Transaction ID: 59433-84084719419480

Amount of Each Receipt this Period
57.86

Reimburse for Aug. Amex Fees

SUBTOTAL of Receipts This Page (optional)	▶	423.14
TOTAL This Period (last page this line number only)	▶	423.14

**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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: V91461-0193445086479 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 168.67
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement September Amex Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M58849-1973535418510 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 14.31
City New Albany State OH Zip Code 43054	Purpose of Disbursement September Discover Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M58849-8481866717338 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 285.46
City Knoxville State TN Zip Code 37920	Purpose of Disbursement September Merchant Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	468.44
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
September Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M58849-9442865252494

Date of Disbursement

09 / 05 / 2006

Amount of Each Disbursement this Period

65.51

SUBTOTAL of Disbursements This Page (optional)

65.51

TOTAL This Period (last page this line number only)

533.95

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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. A Lot of People Who Support Jeff Bingaman

Mailing Address PO Box 16210

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Jeff Bingaman

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: NM District:

Transaction ID: 59889-3080560564994
Date of Disbursement

09 / 29 / 2006

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Anna Eshoo for Congress

Mailing Address 555 Capitol Mall
Ste 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Anna Eshoo

Office Sought: House
 Senate
 President

Disbursement For: 2006
 Primary General
 Other (specify) ▼

State: CA District: 14

Transaction ID: 57045-0482904314994
Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Blue Dog Political Action Committee

Mailing Address 6849 Old Dominion Dr
Ste 222

City McLean State VA Zip Code 22101

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 57045-5830041766166
Date of Disbursement

09 / 11 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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 50 / 64

<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Bob Corker for Senate		Transaction ID: 61370-3287622332572 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 518 Georgia Ave 2nd Floor		Amount of Each Disbursement this Period 2100.00
City Chatanooga State TN Zip Code 37403	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Robert Corker		
Office Sought: <input type="checkbox"/> House <input checked="" 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: TN District:		

Full Name (Last, First, Middle Initial) B. Charles Boustany Jr MD for Congress Inc		Transaction ID: 59749-9890405535698 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 80126		Amount of Each Disbursement this Period 4000.00
City Lafayette State LA Zip Code 70598	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Charles Boustany		
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: LA District: 07		

Full Name (Last, First, Middle Initial) C. Chet Edwards for Congress		Transaction ID: 59889-4532892107963 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00
City Waco State TX Zip Code 76702	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Chet Edwards		
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: 17		

SUBTOTAL of Disbursements This Page (optional) ▶	7100.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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"/> 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)
American College of Cardiology Political Action Committee

A. Coburn for Senate Committee Full Name (Last, First, Middle Initial) Mailing Address 3300 W Okmulgee St	Transaction ID: 57045-9849054217338 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
--	--

City Muskogee State OK Zip Code 74402 Purpose of Disbursement Contribution Candidate Name Tom Coburn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	Amount of Each Disbursement this Period 1500.00 Category/Type 011
--	--

B. Congressman Bart Gordon Committee Full Name (Last, First, Middle Initial) Mailing Address PO Box 2008	Transaction ID: 56696-7606012225151 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
---	--

City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement Contribution Candidate Name Bart Gordon 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: TN District: 06	Amount of Each Disbursement this Period 2000.00 Category/Type 011
--	--

C. Congressman Joe Barton Committee, The Full Name (Last, First, Middle Initial) Mailing Address PO Box 1444	Transaction ID: 57045-1976587176322 Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2006
---	--

City Ennis State TX Zip Code 75120 Purpose of Disbursement Contribution Candidate Name Joe Barton 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: 06	Amount of Each Disbursement this Period 2500.00 Category/Type 011
--	--

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Ensign for Senate		Transaction ID: 56696-0015832781791 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 26568		Amount of Each Disbursement this Period 3500.00
City Las Vegas State NV Zip Code 89126	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Ensign		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Clay Shaw		Transaction ID: 57045-0729638934135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 2188		Amount of Each Disbursement this Period 2500.00
City Fort Lauderdale State FL Zip Code 33303	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name E. Shaw		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Cliff Stearns		Transaction ID: 57045-9228174090385 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 308		Amount of Each Disbursement this Period 2500.00
City Silver Springs State FL Zip Code 34489	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Clifford Stearns		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 53 / 64

<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)
American College of Cardiology Political Action Committee

<p>A. Friends of Craig Thomas</p> <p>Full Name (Last, First, Middle Initial) Friends of Craig Thomas</p> <p>Mailing Address 2780 Olive Dr</p> <p>City Cheyenne State WY Zip Code 82001</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Craig Thomas</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" 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: WY District:</p>		<p>Transaction ID: 59889-7408868670463</p> <p>Date of Disbursement 09 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B. Friends of Dennis Cardoza</p> <p>Full Name (Last, First, Middle Initial) Friends of Dennis Cardoza</p> <p>Mailing Address 555 Capitol Mall Ste 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Dennis Cardoza</p> <p>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: CA District: 18</p>		<p>Transaction ID: 59889-9529077410698</p> <p>Date of Disbursement 09 / 29 / 2006</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Friends of Joe Pitts</p> <p>Full Name (Last, First, Middle Initial) Friends of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Joseph Pitts</p> <p>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: PA District: 16</p>		<p>Transaction ID: 57045-4478418231010</p> <p>Date of Disbursement 09 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

5500.00

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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Kent Conrad		Transaction ID: 57045-6768762469291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 812		Amount of Each Disbursement this Period 5000.00
City Bismarck State ND Zip Code 58502	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Kent Conrad		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Lois Capps		Transaction ID: 59889-9090692400932 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 2000.00
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Mark Foley		Transaction ID: 57045-0735742449760 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 2500.00
City Lake Worth State FL Zip Code 33461	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mark Foley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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)

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<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Mike Ferguson		Transaction ID: 57045-5490838885307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address C/O Ron Gravino PO Box 225		Amount of Each Disbursement this Period 3000.00
City Colonia State NJ Zip Code 07067	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mike Ferguson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Sam Johnson		Transaction ID: 57045-1136285662651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1611 Ave K		Amount of Each Disbursement this Period 2000.00
City Plano State TX Zip Code 75074	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sam Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Georgians for Isakson		Transaction ID: 57045-1616174578666 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 250116		Amount of Each Disbursement this Period 2500.00
City Atlanta State GA Zip Code 30325	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Johnny Isakson		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Hastert for Congress Committee		Transaction ID: 56696-3260309100151 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 625		Amount of Each Disbursement this Period 5000.00
City Batavia State IL Zip Code 60510		
Purpose of Disbursement Contribution Candidate Name J. Hastert	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hatch Election Committee Inc		Transaction ID: 59889-5722772479057 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address 175 South West Temple Ste 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101		
Purpose of Disbursement Contribution Candidate Name Orrin Hatch	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Hawkeye PAC, The		Transaction ID: 57045-4860498309135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50309		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Hillary		Transaction ID: 59889-2389032244682 Date of Disbursement 09 / 29 / 2006
Mailing Address 1717 K St NW Ste 309A		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Hillary Clinton	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) B. Hoosiers Supporting Buyer for Congress		
Mailing Address 200 North Main St		Amount of Each Disbursement this Period 2500.00
City Monticello State IN Zip Code 47960	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Stephen Buyer	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) C. Hulshof for Congress		
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 2000.00
City Columbia State MO Zip Code 65205	Purpose of Disbursement Contribution Category/Type 011	
Candidate Name Kenny Hulshof	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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)

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<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Jim Ramstad Volunteer Committee		Transaction ID: 56696-5397302508354 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 1809 Plymouth Rd S #310		Amount of Each Disbursement this Period 2000.00
City State Zip Code Minnetonka MN 55305	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name Jim Ramstad	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John D. Dingell for Congress Committee		Transaction ID: 56696-9213830828666 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 607 14th St NW Ste 800		Amount of Each Disbursement this Period 5000.00
City State Zip Code Washington DC 20005	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name John Dingell	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Shadeggs Friends		Transaction ID: 59889-5759546160697 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 1000.00
City State Zip Code Phoenix AZ 85064	Purpose of Disbursement Contribution Contribution <input type="checkbox"/> 011 Category/Type	
Candidate Name John Shadegg	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Jon Kyl for U S Senate		Transaction ID: 59889-3441278338432 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 3500.00	
City Phoenix	State AZ		Zip Code 85064
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name Jon Kyl			
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: AZ District:			

Full Name (Last, First, Middle Initial) B. Kirk for Congress		Transaction ID: 59889-1638604998588 Date of Disbursement 09 / 29 / 2006	
Mailing Address PO Box 8		Amount of Each Disbursement this Period 1000.00	
City Winnetka	State IL		Zip Code 60093
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name Mark Kirk			
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: IL District: 10			

Full Name (Last, First, Middle Initial) C. Leadership Encouraging Excellence PAC		Transaction ID: 57045-6332208514213 Date of Disbursement 09 / 11 / 2006	
Mailing Address 2875 Towerview Rd Ste 1000		Amount of Each Disbursement this Period 2500.00	
City Herndon	State VA		Zip Code 20171
Purpose of Disbursement Contribution			011 Category/Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	7000.00
TOTAL This Period (last page this line number only)	(Empty box)

**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)

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<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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Markey Committee, The		Transaction ID: 59889-7458917498588 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 526		Amount of Each Disbursement this Period 5000.00
City Medford State MA Zip Code 02155	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Edward Markey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McCrery for Congress Committee		Transaction ID: 57045-2771112322807 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 52956		Amount of Each Disbursement this Period 5000.00
City Shreveport State LA Zip Code 71135	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Jim McCrery		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Michael Burgess for Congress		Transaction ID: 59889-8721582293510 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 4000.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Michael Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Nathan Deal for Congress		Transaction ID: 56696-9676324725151 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 4000.00
City Gainesville State GA Zip Code 30503	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Norwood for Congress		Transaction ID: 57045-5147363543510 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 499		Amount of Each Disbursement this Period 3000.00
City Evans State GA Zip Code 30809	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Charlie Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pallone for Congress		Transaction ID: 57045-7779504656791 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2000.00
City Long Branch State NJ Zip Code 07740	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name Frank Pallone		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9000.00
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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. People for English		Transaction ID: 59889-2049219012260 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2000.00
City Erie State PA Zip Code 16507	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Phil English		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People with Hart Inc		Transaction ID: 59889-2368432879447 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 435		Amount of Each Disbursement this Period 2000.00
City Wexford State PA Zip Code 15090	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Melissa Hart		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Pete Stark Re-Election Committee		Transaction ID: 57045-7341424822807 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 8331		Amount of Each Disbursement this Period 4000.00
City Fremont State CA Zip Code 94537	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Pete Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8000.00
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"/> 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)
American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial) A. Pickering for Congress		Transaction ID: 59889-3109552264213 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 0 6
Mailing Address PO Box 4297		Amount of Each Disbursement this Period 2000.00
City Brandon	State MS	
Zip Code 39047		
Purpose of Disbursement Contribution		
Candidate Name Charles Pickering		011 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: MS District: 03		

Full Name (Last, First, Middle Initial) B. Red Rooster Leadership PAC		Transaction ID: 57045-5427057147026 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address 228 S Washington St Ste 115		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22314		
Purpose of Disbursement Contribution		
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Simmons for Congress		Transaction ID: 57045-7873651385307 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 1 / 2 0 0 6
Mailing Address PO Box 268 Drawer 271		Amount of Each Disbursement this Period 2000.00
City Stonington	State CT	
Zip Code 06378		
Purpose of Disbursement Contribution		
Candidate Name Rob Simmons		011 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: CT District: 02		

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
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)

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<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)

American College of Cardiology Political Action Committee

<p>A. Smile PAC</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 2178</p> <p>City Evans State GA Zip Code 30809</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 57045-2217981219291</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>
<p>B. Trust PAC Team Republicans for Utilizing Sensible Tactics</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 228 S Washington St Ste 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Transaction ID: 57045-1397210955619</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2500.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="123100.00"/>