

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

2. **FEC IDENTIFICATION NUMBER** C00421040
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 06 30 2007

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 treasurer Margo L. Burrage

Signature of Treasurer Electronically Filed by treasurer Margo L. Burrage Date 07 11 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		41355.50
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	41355.50									
(c) Total Receipts (from Line 19)	2850.00	2850.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44205.50	44205.50								
7. Total Disbursements (from Line 31)	21000.00	21000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23205.50	23205.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
 999 E street, NW
 Washington, DC 20463

Toll Free 800-424-9530
 Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	0.00	0.00
(i) Itemized (use Schedule A)	2850.00	2850.00
(ii) Unitemized	2850.00	2850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	2850.00	2850.00
(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)	2850.00	2850.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	2850.00	2850.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	2850.00	2850.00

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	21000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21000.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21000.00	21000.00

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)	2850.00	2850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2850.00	2850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial) A. BERKLEY FOR CONGRESS		Transaction ID: SB23.5074 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 500.00
City Las Vegas	State NV	
Zip Code 89121		
Purpose of Disbursement Candidate Name SHELLEY BERKLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NV District: 1		

Full Name (Last, First, Middle Initial) B. COBURN FOR SENATE 2010		Transaction ID: SB23.5167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address POST OFFICE BOX 977		Amount of Each Disbursement this Period 1000.00
City MUSKOGEE	State OK	
Zip Code 74402		
Purpose of Disbursement campaign contribution Candidate Name THOMAS A 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: 00		

Full Name (Last, First, Middle Initial) C. CROWLEY FOR CONGRESS		Transaction ID: SB23.5164 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 1000.00
City Elmhurst	State NY	
Zip Code 11373		
Purpose of Disbursement campaign contribution Candidate Name JOSEPH CROWLEY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 07		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. EARL POMEROY FOR CONGRESS		Transaction ID: SB23.5071 Date of Disbursement																					
Mailing Address P.O. Box 9336		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	2		2	0	0	7														
City Fargo	State ND	Zip Code 58106	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Candidate Name EARL RALPH POMEROY		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: ND	District: 00																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF CAROLYN MCCARTHY		Transaction ID: SB23.5173 Date of Disbursement																					
Mailing Address 151 Linden Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	6		2	0	0	7														
City Mineola	State NY	Zip Code 11501	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution		<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>		1500.00																			
1500.00																							
Candidate Name CAROLYN MCCARTHY		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 04																						

Full Name (Last, First, Middle Initial) C. Friends of Jay Rockefeller		Transaction ID: SB23.5178 Date of Disbursement																					
Mailing Address PO BOX 1909		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	4		2	0	0	7														
City CHARLESTON	State WV	Zip Code 25327	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution		<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>		2000.00																			
2000.00																							
Candidate Name JOHN DAVISON IV ROCKEFELLER		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: WV	District: 00																						

SUBTOTAL of Disbursements This Page (optional)	▶	4500.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE PITTS		Transaction ID: SB23.5078 Date of Disbursement																					
Mailing Address PO BOX 775		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	1		2	2		2	0	0	7														
City Unionville	State PA	Zip Code 19375	Amount of Each Disbursement this Period																				
Purpose of Disbursement		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name JOSEPH R PITTS		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: PA	District: 16																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOHN BARROW		Transaction ID: SB23.5161 Date of Disbursement																					
Mailing Address PO Box 8166		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	6		2	0	0	7														
City Savannah	State GA	Zip Code 31412	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name JOHN J BARROW		Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: GA	District: 12																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.5139 Date of Disbursement																					
Mailing Address BOX 586		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	2		1	3		2	0	0	7														
City HELENA	State MT	Zip Code 59624	Amount of Each Disbursement this Period																				
Purpose of Disbursement campaign contribution		<input type="text"/>	<input type="text" value="1000.00"/>																				
Candidate Name MAX BAUCUS		Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: MT	District: 00																						

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. GILLIBRAND FOR CONGRESS		Transaction ID: SB23.5142 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address P.O. Box 1279		Amount of Each Disbursement this Period 1000.00
City Hudson State NY Zip Code 12534	Purpose of Disbursement campaign contribution Candidate Name KIRSTEN E MRS. GILLIBRAND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JOHN SALAZAR FOR CONGRESS		Transaction ID: SB23.5158 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 534		Amount of Each Disbursement this Period 1000.00
City Pueblo State CO Zip Code 81002	Purpose of Disbursement campaign contribution Candidate Name JOHN T SALAZAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 3 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LOT OF PEOPLE FOR DAVE OBEY		Transaction ID: SB23.5147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7
Mailing Address 525 WASHINGTON ST PO BOX 1322		Amount of Each Disbursement this Period 500.00
City WAUSAU State WI Zip Code 54402	Purpose of Disbursement campaign contribution Candidate Name DAVID R OBEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/ Type		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. LUCILLE ROYBAL-ALLARD FOR CONGRESS		Transaction ID: SB23.5193 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address P.O. Box 582		Amount of Each Disbursement this Period 1000.00
City Kensington State MD Zip Code 20895	Purpose of Disbursement campaign contribution Candidate Name LUCILLE ROYBAL-ALLARD Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 34	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MCCONNELL SENATE COMMITTEE '08		Transaction ID: SB23.5152 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO BOX 1496		Amount of Each Disbursement this Period 1000.00
City LOUISVILLE State KY Zip Code 40201	Purpose of Disbursement campaign contribution Candidate Name MITCH MCCONNELL Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. MICHAEL BURGESS FOR CONGRESS		Transaction ID: SB23.5150 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 1000.00
City Denton State TX Zip Code 76202	Purpose of Disbursement campaign contribution Candidate Name MICHAEL C DR BURGESS Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)

Full Name (Last, First, Middle Initial) A. MIKE CRAPO FOR US SENATE		Transaction ID: SB23.5170 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address PO BOX 1948		Amount of Each Disbursement this Period 1000.00
City BOISE	State ID NJ Zip Code 83701	
Purpose of Disbursement campaign Contribution Candidate Name MICHAEL D CRAPO Category/Type		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. PALLONE FOR CONGRESS		Transaction ID: SB23.5135 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address PO BOX 3176		Amount of Each Disbursement this Period 2000.00
City LONG BRANCH	State ID NJ Zip Code 07740	
Purpose of Disbursement campaign contribution Candidate Name FRANK JR PALLONE Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. PRICE FOR CONGRESS		Transaction ID: SB23.5079 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 500.00
City Roswell	State ID GA Zip Code 30077	
Purpose of Disbursement Candidate Name THOMAS EDMUNDS PRICE Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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 12 / 12

<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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

A. SEARCHLIGHT LEADERSHIP FUND

Mailing Address 607 14h Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5190

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

21000.00