

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) 2400 N St NW
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

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 08 01 2008 through 08 31 2008

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 09 15 2008

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

**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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		268897.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	156920.01									
(c) Total Receipts (from Line 19)	30072.44	227420.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	186992.45	496318.84								
7. Total Disbursements (from Line 31)	23332.89	332659.28								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	163659.56	163659.56								
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	8

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	23977.00	182021.10
(i) Itemized (use Schedule A)	5794.00	42057.66
(ii) Unitemized	29771.00	224078.76
(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)	29771.00	224078.76
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)	301.44	3342.16
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))	30072.44	227420.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30072.44	227420.92

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.....	332.89	4059.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	332.89	4059.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	23000.00	326000.00
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	2600.00
(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	2600.00
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))..	23332.89	332659.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23332.89	332659.28

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	29771.00	224078.76
34. Total Contribution Refunds (from Line 28(d))	0.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29771.00	221478.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	332.89	4059.28
37. Offsets to Operating Expenditures (from Line 15, page 3)	301.44	3342.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31.45	717.12

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jay H. Alexander	Date of Receipt MM / DD / YYYY 08 / 30 / 2008
	Mailing Address 2256 Carlyle Court	Transaction ID: fb0b57913a7581dd852
	City State Zip Code Buffalo Grove IL 60015-1857	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Shore Cardiologists, SC ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4200.00	

B.	Full Name (Last, First, Middle Initial) Joseph C. Baker	Date of Receipt MM / DD / YYYY 08 / 14 / 2008
	Mailing Address 2617 Mitchum Sutr 102	Transaction ID: 9097a4d9e17046809e87
	City State Zip Code Tallahassee FL 32308	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Tallahassee Heart Associa- ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Timothy M. Bateman	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 3410 West 89th Street	Transaction ID: fdc17a9c551b75ba70c
	City State Zip Code Leawood KS 64111-5939	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cardiovascular Consultant- ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 34
(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

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

A.

Full Name (Last, First, Middle Initial) Kwabena A. Boahene		Date of Receipt <table border="1" style="font-size: small;"> <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>8</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	7		2	0	0	8													
Mailing Address 4207 Eldridge Road		Transaction ID: b6468bbdd6ab45859840																				
City Manlius	State NY	Zip Code 13104-9215																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">1000.00</td></tr> </table>	1000.00																			
1000.00																						
Name of Employer Central New York Med. Ctr.	Occupation ADULT CARDIOLOGY																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">1000.00</td></tr> </table>		1000.00																			
1000.00																						

B.

Full Name (Last, First, Middle Initial) Chad L. Broome-Webster		Date of Receipt <table border="1" style="font-size: small;"> <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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	0	8													
Mailing Address 1070 North Stone Street		Transaction ID: 4d208552b1e04722be42																				
City Deland	State FL	Zip Code 32720-0919																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">250.00</td></tr> </table>	250.00																			
250.00																						
Name of Employer Cardiology Consultants	Occupation ADULT CARDIOLOGY																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">250.00</td></tr> </table>		250.00																			
250.00																						

C.

Full Name (Last, First, Middle Initial) Alan S. Brown		Date of Receipt <table border="1" style="font-size: small;"> <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>8</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		3	0		2	0	0	8													
Mailing Address 1912 Alta Vista Court 801 S Washington Street		Transaction ID: c4c2721b0e5438f029c																				
City Naperville	State IL	Zip Code 60567																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">100.00</td></tr> </table>	100.00																			
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 ▼ <table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">800.00</td></tr> </table>		800.00																			
800.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;">1350.00</td></tr> </table>	1350.00									
1350.00											
TOTAL This Period (last page this line number only)	<table border="1" style="font-size: small;"> <tr><td colspan="10" style="text-align: right;"> </td></tr> </table>										

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Emmett B. Chapital	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 6214 Pratt Place	Transaction ID: d80aa3af21764dd89f67
	City State Zip Code New Orleans LA 70119-3302	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Heart Imaging Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Hollace D. Chastain	Date of Receipt MM / DD / YYYY 08 / 30 / 2008
	Mailing Address 1819 Breamar Drive	Transaction ID: 372aaf80889482dd24a
	City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	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 ▼ 800.00	

C.	Full Name (Last, First, Middle Initial) Bernard A. Clark	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 95 Johnny Cake Lane	Transaction ID: 42830c644828a7bd3c9
	City State Zip Code Glastonbury CT 06105-1208	Amount of Each Receipt this Period 50.00
	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 ▼ 650.00	

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Thomas A. Clark		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 709 Caronado Village Pmb 138		Transaction ID: 847331b7202f47b0b161
	City Harlingen	State TX	Zip Code 78550-8847
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	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	

B.	Full Name (Last, First, Middle Initial) Mark D. Cohen		Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address 1819 Carew Street		Transaction ID: f8d21d1a1f08fd22771
	City Fort Wayne	State IN	Zip Code 46805-4705
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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 ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Mauricio G. Cohen		Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 99 Manning Dr, CB 7075		Transaction ID: d6d0b3b6b0dd4130a1cc
	City Chapel Hill	State NC	Zip Code 27599-0001
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer University of North Carolina School of	Occupation INTERVENTIONAL 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Michael H. Davidson		Date of Receipt
	Mailing Address 140 Belle		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Highland Park	IL	60610-4355
	FEC ID number of contributing federal political committee. C		Transaction ID: 0dba23914cfe45e2b213
Name of Employer Radiant Research		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
		<input type="text" value="500.00"/>	

B.	Full Name (Last, First, Middle Initial) Emile F. Doss		Date of Receipt
	Mailing Address 43 Pelham Road		<input type="text" value="08"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wayne	NJ	07470-2800
	FEC ID number of contributing federal political committee. C		Transaction ID: 4e9f2e4fbf5a4f6684a6
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) James W. Fasules		Date of Receipt
	Mailing Address 6 Cascades Drive 1900 Maryland		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Little Rock	AR	72202
	FEC ID number of contributing federal political committee. C		Transaction ID: f1e959641d673362dd0
Name of Employer Arkansas Children's Hospital Pediatric		Occupation PEDIATRIC CARD.	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="42.00"/>
		<input type="text" value="336.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1542.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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

A.

Full Name (Last, First, Middle Initial)
Perry A. Frankel

Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11042-1122

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 ▼ 500.00

Date of Receipt 08 / 18 / 2008

Transaction ID: 9ee8465b4ede442c80fd

Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Michael D. Freed

Mailing Address 48 Warren Street
300 Longwood Avenue

City Newton State MA Zip Code 02115-5724

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

Name of Employer Children's Hospital Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2008

Transaction ID: 4a0c96a529cb4a64af96

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Brian M. Go

Mailing Address 1037 Stradshire Drive

City Raleigh State NC Zip Code 27614-8365

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 08 / 25 / 2008

Transaction ID: 367e81cd3a1449d4bd93

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34
(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
							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

A.

Full Name (Last, First, Middle Initial)
Robert A. Guyton

Mailing Address 1088 Lullwater Road

City Atlanta State GA Zip Code 30322-1013

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

Name of Employer Emory Clinic, Inc. Occupation CARDIOVASC. SURG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2008
Transaction ID: 30b02f0aaa33455f967c
 Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Wade T. Hamilton

Mailing Address 12 High Street Suite 300

City Lewiston State ME Zip Code 04240-7690

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

Name of Employer Central Maine Clinical Assoc Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 14 / 2008
Transaction ID: 619480c8db5146ad9d31
 Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Robert A. Harrington

Mailing Address 113 Preston Grande Way
2400 Pratt Street

City Morrisville State NC Zip Code 27705

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

Name of Employer Duke Clinical Research InstituteDuke U Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 06 / 2008
Transaction ID: 20449d5882304215aed2
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Mark R. Heitzman		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address RR 1, 570 Cummings Road		Transaction ID: 6060b492c81b41328b0d
	City Barre	State VT	
	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 ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Michael B. Honan		Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address 4329 Corinth Drive		Transaction ID: 4c87569b429c424ca5a1
	City Birmingham	State AL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer CardioVascular 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	

C.	Full Name (Last, First, Middle Initial) Jiong-Ming Hu		Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 33 Evergreen Circle		Transaction ID: b4582def7418493eb5ae
	City Manhasset	State NY	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Advanced Cardiovascular Imaging, P.C.		Occupation CLINICAL CARDIOLOGY/GENERAL 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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34
(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

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

A.

Full Name (Last, First, Middle Initial)
Laxman S. Iyer

Mailing Address 215 East First Street, Suite 212

City Dixon State IL Zip Code 61021-3175

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 MM / DD / YYYY 08 / 11 / 2008

Transaction ID: 1bab679e93304652bd0b

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
John G. Jacobson

Mailing Address 6 Woodland Road Suite 201

City Saint Helena State CA Zip Code 94574-9501

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

Name of Employer Self-Employed Occupation CARDIOVASC. SURG.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 08 / 29 / 2008

Transaction ID: 1b2edcab7ae240bd9b77

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas Kason

Mailing Address 123 S Adams Street

City Hinsdale State IL Zip Code 60521-3134

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

Name of Employer Heart Care Centers of Illinois Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 08 / 25 / 2008

Transaction ID: ef04f52b8c0749609fb5

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 34
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

A.

Full Name (Last, First, Middle Initial)
Anirudh Khanna

Mailing Address 505 E 79th Street Apt. 3B

City State Zip Code
New York NY 10075-0710

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

Name of Employer Self-Employed Occupation
Self-Employed CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2008

Transaction ID: d9107545494b442892e2

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Back K. Kim

Mailing Address 12510 Queens Boulevard Penthouse 2

City State Zip Code
Kew Gardens NY 11415-1511

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

Name of Employer Self-Employed Occupation
Self-Employed NUCLEAR CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2008

Transaction ID: 7bdb79aa188344708d8f

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gregory M. Lanza

Mailing Address Washington University Medical Scho
660 South Euclid Avenue, Campus Bo

City State Zip Code
Saint Louis MO 63156-8086

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: b4efd3d430dd409fb817

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Alexander D. Lee	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 1735 York Avenue #35D 300 Community Drive PO Box 5200	Transaction ID: 29094345a8814a08a8e7
	City State Zip Code New York NY 11030-5200	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation North Shore University Hospital INTERVENTIONAL 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) James Liguori	Date of Receipt MM / DD / YYYY 08 / 25 / 2008
	Mailing Address Arizone Heart Institute 803 N Salk Dr. Building A	Transaction ID: 38585191aaff48a38e66
	City State Zip Code Casa Grande AZ 85222	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) William A. MacLean	Date of Receipt MM / DD / YYYY 08 / 14 / 2008
	Mailing Address 2939 Balmoral Road	Transaction ID: 0ae8d701debe4f8dbfd7
	City State Zip Code Birmingham AL 35235	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alabama Cardiovascular Group INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 34
(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
							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

A.

Full Name (Last, First, Middle Initial)
Roshan K. Mathew

Mailing Address 4432 New Hartford Road

City Owensboro State KY Zip Code 42303-1805

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

Name of Employer Green River Heart Institute Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 14 / 2008
Transaction ID: a052ee14d2014d8ea920
 Amount of Each Receipt this Period: 500.00

B.

Full Name (Last, First, Middle Initial)
John W. McBride

Mailing Address 2592 Parkview Court

City White Bear Twp State MN Zip Code 55110-5784

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

Name of Employer Self-Employed Occupation NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 25 / 2008
Transaction ID: b0cbd471d28445b087ad
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Charles W. McEntee

Mailing Address 6752 S Evanston

City Tulsa State OK Zip Code 74136-1906

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

Name of Employer Springer Clinic Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: 149d58dc57984ba69ff0
 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 34
(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

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

A.

Full Name (Last, First, Middle Initial)
Pradip K. Mishra

Mailing Address 280 Deerwood Road

City State Zip Code
Clarksville TN 37043-7401

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

Name of Employer
Cardiology associates of clarksville

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2008

Transaction ID: e4aa62b8df4046c7908c

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David J. Moliterno

Mailing Address 2004 Terranova Court

City State Zip Code
Lexington KY 40513

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

Name of Employer
University of Kentucky

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2008

Transaction ID: BD5179E9-6978-4261-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
John F. Moran

Mailing Address 106 Stirrup Place

City State Zip Code
Burr Ridge IL 60527-5775

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

Name of Employer
Loyola University Med. Ct-r.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: 12315191bf2341008ae4

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Steven E. Nissen	Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 817 Hanover Road	Transaction ID: 08bc4d0f0e7c4d18b320
	City State Zip Code Gates Mills OH 44195-0001	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cleveland Clinic Foundation/Dept of Cardiology 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) Christopher W. Pallas	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address One 7th Street, Suite 1601	Transaction ID: cc692f83f1864860bdcf
	City State Zip Code Augusta GA 30901-5001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical College of Georgia ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Thomas C. Passo	Date of Receipt MM / DD / YYYY 08 / 22 / 2008
	Mailing Address PO Box 1473	Transaction ID: 232e3ccc6bc64e0297ff
	City State Zip Code Bardstown KY 40004-9094	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medical Center Cardiologists 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)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 34
(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

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

A.

Full Name (Last, First, Middle Initial)
Steven V. Priest

Mailing Address 3222 W Riverside Drive

City State Zip Code
Fort Myers FL 33907-4539

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

Name of Employer Occupation
Florida Heart Associates ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 54c6ee58c5804451af85

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Miguel A. Quinones

Mailing Address 8306 Fawn Terrace
6550 Fannin Street Suite 1901

City State Zip Code
Houston TX 77030-2717

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

Name of Employer Occupation
Methodist DeBakey Heart Ctr CARDIOVASC. SURG.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
08 / 14 / 2008

Transaction ID: 2f6e2d8ee3f040a8bf4d

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Martha J. Radford

Mailing Address 545 First Avenue Gbh Room C120

City State Zip Code
New York NY 10016

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

Name of Employer Occupation
New York University Hospitals Center ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: 359e4abf7ac949fc9b5b

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Charles M. Rasmussen	Date of Receipt MM / DD / YYYY 08 / 20 / 2008
	Mailing Address 3653 La Mesita	Transaction ID: 7815938964ee4470b8f6
	City State Zip Code Boise ID 83642-6354	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Boise Heart Clinic 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) George P. Rodgers	Date of Receipt MM / DD / YYYY 08 / 29 / 2008
	Mailing Address 2441 Westlake Drive	Transaction ID: 562c7b2428344b78d71
	City State Zip Code Austin TX 78759-5459	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Biophysical Corporation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00	

C.	Full Name (Last, First, Middle Initial) Cary Rose	Date of Receipt MM / DD / YYYY 08 / 11 / 2008
	Mailing Address 1333 Brenton Drive	Transaction ID: b26652f743eb4186898f
	City State Zip Code Cedar Falls IA 50613-4812	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Covenant Medical Group CLINICAL CARDIOLOGY/GENERAL 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)	▶	835.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 34
(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

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

A.

Full Name (Last, First, Middle Initial)
Tracey Roth

Mailing Address 2053 Mission Dr

City State Zip Code
Naples FL 34109-7108

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
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 81134c7d814545b291ba

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John E. Seibel

Mailing Address PO Box 1544

City State Zip Code
Grenada MS 38902-1544

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 25 / 2008

Transaction ID: 172a9f7cf22a4a0eae83

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Vasudev B. Shenoy

Mailing Address 7333 N Freeway Suite 100

City State Zip Code
Houston TX 77076-1346

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
MM / DD / YYYY
08 / 20 / 2008

Transaction ID: b40f5ecf37ff4a56925a

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jack Siegel		Date of Receipt	
	Mailing Address 121 Griffith Place		M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 7d2f814dafa2401499b9
	Los Gatos	CA	95124-4107	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self-Employed		Occupation		
Self-Employed		ADULT CARDIOLOGY		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		500.00		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Ediberto Soto-Cora		Date of Receipt	
	Mailing Address 1139 Caper Street		M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 32f24bf65cd04623b717
	El Paso	TX	79925-7739	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00		
Name of Employer Self-Employed		Occupation		
Self-Employed		INTERVENTIONAL CARDIOLOGY		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		1000.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Daniel Spevack		Date of Receipt	
	Mailing Address 600 W 246th Street Apt. 903 N2-Silver Zone Echo Lab		M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 8	
	City	State	Zip Code	Transaction ID: 826f6b83dc8d496694f2
	Bronx	NY	10467	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Montefiore Medical Center-Cardiothoraci		Occupation		
Cardiothoraci		ADULT CARDIOLOGY		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		250.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 34

(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

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

A.

Full Name (Last, First, Middle Initial)

Peter H. Spooner

Mailing Address 6206 E Pima Street

City State Zip Code
Tucson AZ 85711-2628

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: e04725d6b7794bd0bcc8

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

George P. Stacy

Mailing Address 7403 Cedar Bluff Court

City State Zip Code
Prospect KY 40059-9496

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 8

Transaction ID: 6f5325c35e5841f9af3c

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Jonathan H. Stein

Mailing Address 1100 Andre Street Suite 205

City State Zip Code
New Iberia LA 70563-2159

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 8

Transaction ID: d7b2e91b1f6940e9950d

Amount of Each Receipt this Period
300.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rodney E. Utley		Date of Receipt
	Mailing Address 5313 Gran Paradiso Place Northwest		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 1 2 / 2 0 0 8
	City	State	Zip Code
	Issaquah	WA	98027-7827
	FEC ID number of contributing federal political committee. C		Transaction ID: 30e1edb8f68a4af08818
Name of Employer Valley Internal Medicine		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

B.	Full Name (Last, First, Middle Initial) Frans J. Wackers		Date of Receipt
	Mailing Address PO Box 5062 572 Amity Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 0 / 2 0 0 8
	City	State	Zip Code
	Woodbridge	CT	06520-8017
	FEC ID number of contributing federal political committee. C		Transaction ID: 7aa5c71de59c4b869603
Name of Employer Yale University Schl of MedcnCardiovas		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Mary N. Walsh		Date of Receipt
	Mailing Address 428 West 83rd Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 8 / 2 9 / 2 0 0 8
	City	State	Zip Code
	Indianapolis	IN	46260-1992
	FEC ID number of contributing federal political committee. C		Transaction ID: 3675cc3609d5953b5de
Name of Employer The Care Group LLC		Occupation HEART FAILURE/TRANSPLANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1350.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 26 / 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

A. Full Name (Last, First, Middle Initial)
L. S. Wann

Mailing Address 4776 North Cumberland Boulevard

City State Zip Code
Whitefish Bay WI 53226-4362

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

Name of Employer Occupation
Wisconsin Heart and Vascular Clinics ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2008

Transaction ID: 46099815aeb843fca032

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert L. Wilensky

Mailing Address 141 Mill Creek Road

City State Zip Code
Ardmore PA 19003-1503

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

Name of Employer Occupation
Hosp. of Univ. of Pennsylvania INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
08 / 12 / 2008

Transaction ID: 63009cf097d546429284

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John H. Windsor

Mailing Address 745 Augsborg Avenue

City State Zip Code
Bismarck ND 58501-4516

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

Name of Employer Occupation
Heart & Lung Clinic ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2008

Transaction ID: fd44a12a0b1062ea33b

Amount of Each Receipt this Period
100.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 34	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Daniel J. Woods		Date of Receipt																					
	Mailing Address 709 Southwest 27th Avenue		<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>8</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	8		1	4		2	0	0	8														
	City State Zip Code Boynton Beach FL 33435-7528		Transaction ID: 542945d294c949ad8809																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer VA Medical Center		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)	▶	250.00
TOTAL This Period (last page this line number only)	▶	23977.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 34
(check only one)

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

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

NAME OF COMMITTEE (In Full)
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	State	Zip Code
Richmond	VA	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 ▼

3342.16

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	8

Transaction ID: e91f85c00d615f28561

Amount of Each Receipt this Period

301.44

Reimburse for July Amex and Aug. Merchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	301.44
TOTAL This Period (last page this line number only)	▶	301.44

**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

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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement August Amex Fees Candidate Name 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) ▼	Transaction ID: Vc0dddbc5a47590141af Date of Disbursement 08 / 31 / 2008 Amount of Each Disbursement this Period 147.79 001 Category/Type
B.	Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement August Merchant Fees Candidate Name 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) ▼	Transaction ID: Md0f4a16597c24fc798f Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 15.00 001 Category/Type
C.	Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741 Purpose of Disbursement August Merchant Fees Candidate Name 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) ▼	Transaction ID: V3d622e7c83df5f9c3cc Date of Disbursement 08 / 04 / 2008 Amount of Each Disbursement this Period 111.53 001 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

274.32

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 30 / 34

<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

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

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: Mc854f3930e6601a6c6a

Date of Disbursement

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

58.57

Purpose of Disbursement
August Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

58.57

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

332.89

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)
American College of Cardiology Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: e7745dbce8080a7d907</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Cantor for Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Eric I. Cantor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: e10bc6847c386ec8d1d</p> <p>Date of Disbursement 08 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CAP PAC</p> <p>Mailing Address 38 Ivy St SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 4f72e08e92233f12274</p> <p>Date of Disbursement 08 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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)

<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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Collins for Senator <hr/> Mailing Address PO Box 1096 <hr/> City Bangor State ME Zip Code 04402 <hr/> Purpose of Disbursement 2008 General Candidate Name Susan M. Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 45a1cec2e9d416b2217 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress <hr/> Mailing Address PO Box 9336 <hr/> City Fargo State ND Zip Code 58106 <hr/> Purpose of Disbursement 2008 General Candidate Name Earl Pomeroy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1973d18e2f41de98ffe Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: f8913fa3bca3d55a1ad Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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)
American College of Cardiology Political Action Committee

A. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement 2008 General Candidate Name John Phillip Gingrey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2d0842f2984e0a92d60 Date of Disbursement 08 / 08 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee <hr/> Mailing Address PO Box 3370 <hr/> City Palm Springs State CA Zip Code 92263 <hr/> Purpose of Disbursement 2008 General Candidate Name Mary Bono Mack <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: eee19d0ae0240b8dd2e Date of Disbursement 08 / 08 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Porter for Congress <hr/> Mailing Address 7840 Red Leaf Drive <hr/> City Las Vegas State NV Zip Code 89131 <hr/> Purpose of Disbursement 2008 Primary Candidate Name Jon Porter, Sr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 438262129145c013e54 Date of Disbursement 08 / 08 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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 34 / 34

<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)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tom Feeney for Congress

Mailing Address PO Box 622345

City Oviedo State FL Zip Code 32762

Purpose of Disbursement
2008 Primary

Candidate Name
Tom Feeney

Office Sought: House
 Senate
 President

State: FL District: 24

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: c69185b86204df17f35

Date of Disbursement

08 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

23000.00