



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="46353.91"/>	<input type="text" value="46353.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131379.97"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25032.79"/>	<input type="text" value="248138.16"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="156412.76"/>	<input type="text" value="294492.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28452.60"/>	<input type="text" value="166531.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="127960.16"/>	<input type="text" value="127960.16"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	21100.44	199382.37
(ii) Unitemized .....	2845.00	38480.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	23945.44	237863.26
(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) .....	23945.44	237863.26
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).....	1087.35	10274.90
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	25032.79	248138.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	25032.79	248138.16

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	952.60	10240.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	952.60	10240.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	156000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	291.66
(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	291.66
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28452.60	166531.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28452.60	166531.91

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23945.44	237863.26
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	291.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23945.44	237571.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	952.60	10240.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1087.35	10274.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-134.75	-34.65

**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 OF 39
	<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**

Full Name (Last, First, Middle Initial) <b>A. Jay H. Alexander M.D., F.A.</b>			Date of Receipt 05 / 30 / 2012 <b>Transaction ID : 4F158E204D471D8F449E</b>
Mailing Address 2256 Carlyle Ct			Amount of Each Receipt this Period 250.00
City Buffalo Grove	State IL	Zip Code 60089-4695	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1150.00
Name of Employer North Shore Cardiologists, SC		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Rene J. Alvarez Jr., M.D.,</b>			Date of Receipt 05 / 21 / 2012 <b>Transaction ID : 4D99BC9D733D4FD05B4F</b>
Mailing Address 425 McKean Dr			Amount of Each Receipt this Period 83.34
City Wexford	State PA	Zip Code 15090-7327	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 416.70
Name of Employer University of Pittsburgh Medical Cente		Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. Farahnaz R. Angella M.D., F.A.</b>			Date of Receipt 05 / 18 / 2012 <b>Transaction ID : 95A0A32792508F17AAA</b>
Mailing Address 6517 NW 33rd Ave			Amount of Each Receipt this Period 365.00
City Boca Raton	State FL	Zip Code 33496-3317	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 365.00
Name of Employer Self-Employed		Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	698.34
<b>TOTAL</b> 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 7 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Anita M. Arnold D.O., F.A.</b>			Date of Receipt MM / DD / YYYY 05 / 24 / 2012 <b>Transaction ID : 35A0C614-9377-4B83-</b>
Mailing Address 1417 Lakeland Hills Blvd			Amount of Each Receipt this Period 250.00
City Lakeland	State FL	Zip Code 33805-3200	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 250.00
Name of Employer Cardiology Associates of Polk County		Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. John R. Bates M.D., F.A.</b>			Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : 52C525978EF7505404D</b>
Mailing Address 15901 Billiter Ct			Amount of Each Receipt this Period 500.00
City Westfield	State IN	Zip Code 46074-8867	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 500.00
Name of Employer The Care Group LLC		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Mark G. Berry D.O., F.A.</b>			Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : BB99D615B24054F290D</b>
Mailing Address 1987 Nicole Rd			Amount of Each Receipt this Period 500.00
City Fort Dodge	State IA	Zip Code 50501-8727	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Iowa Heart Center @ Fort Dodge, PC		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Kathleen Blake M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 13 / 2012 <b>Transaction ID : 4960BF8F99FB871F2C1E</b>
Mailing Address 15 Charles Plz Apt 1402		Amount of Each Receipt this Period 83.34
City Baltimore	State MD	Zip Code 21201-3941
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69	

Full Name (Last, First, Middle Initial) <b>B. Michael J. Boland M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2012 <b>Transaction ID : 5798A64E-CBAB-433D-</b>
Mailing Address 255 Baptist Blvd Ste 402		Amount of Each Receipt this Period 1000.00
City Columbus	State MS	Zip Code 39705-2006
FEC ID number of contributing federal political committee. C		
Name of Employer Columbus Cardiovascular Care, PLLC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Alfred A. Bove M.D., Ph.D</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 <b>Transaction ID : 44699A13BDA79F22A3C9</b>
Mailing Address 110 Anton Rd		Amount of Each Receipt this Period 100.00
City Wynnewood	State PA	Zip Code 19096-1226
FEC ID number of contributing federal political committee. C		
Name of Employer Temple University Hospital	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1183.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ralph G. Brindis M.D., M.P.</b>		Date of Receipt
Mailing Address 1410 Monterey Blvd		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Francisco	CA	94127-2554
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 42CCBE32540B9BD3444E</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Kaiser Foundation Hospital	INTERVENTIONAL CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alan S. Brown M.D., F.A.</b>		Date of Receipt
Mailing Address 1912 Alta Vista Ct		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Naperville	IL	60563-1815
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4A0086CC488CE89F17D5</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Midwest Heart SpecialistsEdward Heart	ADULT CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Joseph G. Cacchione M.D., F.A.</b>		Date of Receipt
Mailing Address 5740 Hickory Knoll Ct		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fairview	PA	16415-3246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 42DEBC60D70E5E6BA276</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Cleveland Clinic Foundation	ADULT CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.70"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="283.34"/>
<b>TOTAL</b> 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: (check only one)	PAGE 11 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bernard A. Clark III, M.D.,**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 Johnny Cake Ln

City Glastonbury State CT Zip Code 06033-2545

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

Name of Employer St. Francis Hospital and Medical Cente Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2012  
**Transaction ID : 4D138087F3748B64A320**

Amount of Each Receipt this Period 50.00

**B. Lianna S. Collinge, CAE CAE, Unkno**  
Full Name (Last, First, Middle Initial)

Mailing Address 4014 88th Ave NW

City Gig Harbor State WA Zip Code 98335-6157

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

Name of Employer Washington Chapter of the ACC Occupation ADMINISTRATION

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 448.00

Date of Receipt 05 / 14 / 2012  
**Transaction ID : 43E8A9810906ED4EE8DD**

Amount of Each Receipt this Period 90.00

**C. William G. Combs M.D., F.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 5722 Ricky Ridge Trl

City Orefield State PA Zip Code 18069-8800

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

Name of Employer The Heart Care Group, P.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : 7C75FE2E49E4FA2BEA3**

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2140.00

**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 12 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mark W. Connolly M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : A5089D5A-E41F-40D2-</b>
Mailing Address 703 Main St Department of Surgery		Amount of Each Receipt this Period 250.00
City Paterson	State NJ	FEC ID number of contributing federal political committee. C
Zip Code 07503-2621	Occupation CARDIOVASC. SURG.	Name of Employer St. Michael's Medical Center
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Christopher J. Cooper M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 31 / 2012 <b>Transaction ID : 446788C18736886F41B1</b>
Mailing Address 28754 E River Rd		Amount of Each Receipt this Period 200.00
City Perrysburg	State OH	FEC ID number of contributing federal political committee. C
Zip Code 43551-2728	Occupation ADULT CARDIOLOGY	Name of Employer University of Toledo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. George H. Crossley III, M.D.,</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 <b>Transaction ID : 4DAD8CD936D7B35B9834</b>
Mailing Address 276 Stratton Pl		Amount of Each Receipt this Period 250.00
City Brentwood	State TN	FEC ID number of contributing federal political committee. C
Zip Code 37027-4228	Occupation ELECTROPHYSIOLOGY	Name of Employer St. Thomas Heart
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dino T. Damalas</b>		Date of Receipt
Mailing Address 4904 Springbrook Dr		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Annandale	VA	22003-3937
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 489AAB32A64D0E083E98</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American College of Cardiology	OTHER SPECIALTY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Rodoljub Z. Dimitrijevic M.D., F.A.</b>		Date of Receipt
Mailing Address 3361 Chickering Ln		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bloomfield Hills	MI	48302-1415
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 02DB0EF59C36DA9FE8D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Blair D. Erb Jr., M.D.,</b>		Date of Receipt
Mailing Address 905 Highland Blvd Ste 4330		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Bozeman	MT	59715-6901
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4DC6BBB108522DECD95F</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiology Consultants, P.A.	ADULT CARDIOLOGY	<input type="text" value="85.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="430.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1168.34"/>
<b>TOTAL</b> 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: (check only one)	PAGE 14 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David M. Evans M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Ashlei Ln  
 City Searcy State AR Zip Code 72143-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 09 / 2012**  
**Transaction ID : 4116B0A7FD5F42AB97E6**  
 Amount of Each Receipt this Period **100.00**

**B. Chester J. Falterman M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1458 Avellino Cir  
 City Murfreesboro State TN Zip Code 37130-7608  
 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 **736.65**

Date of Receipt **05 / 15 / 2012**  
**Transaction ID : 4A1CB7D9DF2939AD197E**  
 Amount of Each Receipt this Period **80.00**

**C. Chester J. Falterman M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1458 Avellino Cir  
 City Murfreesboro State TN Zip Code 37130-7608  
 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 **736.65**

Date of Receipt **05 / 25 / 2012**  
**Transaction ID : 4A4DB9649C5658654A2F**  
 Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **263.33**  
**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 15 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. James W. Fasules M.D., F.A.</b>			Date of Receipt
Mailing Address 2718 Stephenson Ln NW			<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 4A4C8378287069283979</b>
Washington	DC	20015-1504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="166.67"/>
Name of Employer	Occupation		
American College of Cardiology	PEDIATRIC CARD.		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="833.35"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Robert B. Fazia M.D., F.A.</b>			Date of Receipt
Mailing Address 135 Polo Dr			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : FD1AC964260383A910F</b>
Salisbury	NC	28144-8512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Mid Carolina Cardiology	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Gordon L. Fung M.D., F.A.</b>			Date of Receipt
Mailing Address 1837 10th Ave # 1609			<input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 4202B7D1E9C61AE234E1</b>
San Francisco	CA	94122-4601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
UCSF Medical Center at Mt. Zion	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.65"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
<b>TOTAL</b> 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 16 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jonathan M. Gilbert M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Waukegan Rd  
 Ste 101  
 City Bannockburn State IL Zip Code 60015-1857  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 01D82882BB249AC44C1**  
 Amount of Each Receipt this Period  
 500.00

**B. Michael F. Gilson M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Prospect St  
 City Providence State RI Zip Code 02906-1446  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : 4CAF8011CEC0646F6624**  
 Amount of Each Receipt this Period  
 100.00

**C. Lee W. Gould M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3865 Country Club Dr  
 City Lewiston State ID Zip Code 83501-9622  
 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 ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : 4513979E098012C5961F**  
 Amount of Each Receipt this Period  
 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 683.34  
**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 17 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert A. Harrington M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2400 Pratt St  
 Room 0311 Terrace Level  
 City Durham State NC Zip Code 27705-3976  
 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 **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 02 / 2012**  
**Transaction ID : 1795E194-A24A-4B62-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Jerome L. Hines M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Salt Creek Ln  
 Ste 2  
 City Hinsdale State IL Zip Code 60521-3032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Illinois Heart & Vascular Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2012**  
**Transaction ID : 4041A365B2A445D62233**  
 Amount of Each Receipt this Period  
**83.34**

**C. Robert E. Hobbs M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2713 Dryden Rd  
 City Shaker Heights State OH Zip Code 44122-2701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Occupation HEART FAILURE/TRANSPLANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 21 / 2012**  
**Transaction ID : 4C0890C6D8986A6FB18E**  
 Amount of Each Receipt this Period  
**83.34**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>416.68</b>
<b>TOTAL</b> 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 18 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David R. Holmes Jr., M.D.,</b>		Date of Receipt
Mailing Address 1122 21st St NE		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2012"/>
City Rochester	State MN	Zip Code 55906-4059
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4EDD8087AA69E80F6DB2</b>
Name of Employer Mayo Clinic		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="416.70"/>		

Full Name (Last, First, Middle Initial) <b>B. Michael B. Honan M.D., F.A.</b>		Date of Receipt
Mailing Address 2022 Brookwood Med Ctr Dr Ste 510		<input type="text" value="05"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City Birmingham	State AL	Zip Code 35209-6807
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : C0693981-E2CF-4E26-</b>
Name of Employer CardioVascular Associates		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="1000.00"/>
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"/>		

Full Name (Last, First, Middle Initial) <b>C. Daniel J. Humiston M.D., F.A.</b>		Date of Receipt
Mailing Address 1928 Maple Hollow Way		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Bountiful	State UT	Zip Code 84010-1041
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 490DA9008F24125BCC40</b>
Name of Employer Utah Cardiology, PC		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="625.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1208.34"/>
<b>TOTAL</b> 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 19 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Pamela A. Ivey M.D., F.A.**

Mailing Address 52 Quail Run Rd

City Henderson State NV Zip Code 89014-2148

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

Name of Employer Cardiovascular Consultants of Nevada Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 05 / 21 / 2012  
**Transaction ID : 4E118FD1778DD87F8083**

Amount of Each Receipt this Period 210.00

Full Name (Last, First, Middle Initial)  
**B. Lee W. Jordan M.D., F.A.**

Mailing Address 3535 Olentangy River Rd

City Columbus State OH Zip Code 43214-3908

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

Name of Employer Heart Disease Management Clinic, RMH Occupation HEART FAILURE/TRANSPLANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : F09F6ED8-566E-4F57-**

Amount of Each Receipt this Period 500.00

Full Name (Last, First, Middle Initial)  
**C. Lee W. Jordan M.D., F.A.**

Mailing Address 3535 Olentangy River Rd  
 Heart Disease Management Clinic, R

City Columbus State OH Zip Code 43214-3908

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

Name of Employer Heart Disease Management Clinic, RMH Occupation HEART FAILURE/TRANSPLANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 31 / 2012  
**Transaction ID : 5E191F0D-0B2E-46A1-**

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1210.00

**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 20 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. R. Stefan Kiesz M.D., F.A.</b>		Date of Receipt
Mailing Address 18615 Tuscany Stone Ste 170		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City San Antonio	State TX	Zip Code 78258-3498
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : CB8B235B2F3BD660E8C</b>	
Name of Employer San Antonio Endovascular & Heart Insti	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period <input type="text" value="365.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="365.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Charles H. Koo M.D., F.A.</b>		Date of Receipt
Mailing Address 7 North St		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2012"/>
City Rumson	State NJ	Zip Code 07760-1609
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : 648FBAD5-5008-40BF-</b>	
Name of Employer Monmouth Cardiology, LLC	Occupation ELECTROPHYSIOLOGY	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Steven E. Kornberg M.D., F.A.</b>		Date of Receipt
Mailing Address 10 E New York Ave Ste 2		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City Somers Point	State NJ	Zip Code 08244-2367
FEC ID number of contributing federal political committee. <input type="text" value="C"/>	<b>Transaction ID : 4E61B070CF31562F179B</b>	
Name of Employer Shore Heart Consultants, LLC	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period <input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="208.30"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="656.66"/>
<b>TOTAL</b> 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: (check only one)	PAGE 21 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Julie A. Kovach M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : 2D908A70A44735B5867</b>
Mailing Address 6423 Heron Ct		Amount of Each Receipt this Period 115.00
City Ann Arbor	State MI	Zip Code 48103-9791
FEC ID number of contributing federal political committee.	C	
Name of Employer Wayne State University	Occupation ADULT CONGENITAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. Gilead I. Lancaster M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 <b>Transaction ID : 4FFFB25CCB30C6BA98EC</b>
Mailing Address 15 Mine Hill Rd		Amount of Each Receipt this Period 100.00
City Redding	State CT	Zip Code 06896-2701
FEC ID number of contributing federal political committee.	C	
Name of Employer Bridgeport Hospital Dept of Echo	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas J. Lewandowski M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012 <b>Transaction ID : 4689B5B8318E1D3100BD</b>
Mailing Address 113 Limekiln Dr		Amount of Each Receipt this Period 150.00
City Neenah	State WI	Zip Code 54956-4213
FEC ID number of contributing federal political committee.	C	
Name of Employer Appleton Cardiology ThedaCare	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> 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 22 OF 39
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sandra J. Lewis M.D., F.A.</b>		Date of Receipt
Mailing Address 5342 SW Hewett Blvd		M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2012
City	State	Zip Code
Portland	OR	97221-2254
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 4C219F95FEC03B1BE0E8</b>
Name of Employer NW Cardiovascular Institute		Amount of Each Receipt this Period
Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	416.70	

Full Name (Last, First, Middle Initial) <b>B. Albert B. Mercer M.D., F.A.</b>		Date of Receipt
Mailing Address 1120 Griffith Ave		M M M / D D D / Y Y Y Y Y Y 05 / 19 / 2012
City	State	Zip Code
Owensboro	KY	42301-2812
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 43FCAC1ED6889E952E81</b>
Name of Employer Green River Heart Institute		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	500.00	

Full Name (Last, First, Middle Initial) <b>C. Margo B. Minissian ACNP-BC, M</b>		Date of Receipt
Mailing Address 444 S San Vicente Blvd Ste 600		M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2012
City	State	Zip Code
Los Angeles	CA	90048-4174
FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID : 49D0A9C93CED832CEF64</b>
Name of Employer Cedars Sinai Heart Institute Womens He		Amount of Each Receipt this Period
Occupation PREVENTIVE CARDIOLOGY		208.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	833.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.68
<b>TOTAL</b> 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 23 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Marc A. Mugmon M.D., F.A.**

Mailing Address 7193 Collingwood Ct

City State Zip Code  
 Elkridge MD 21075-5548

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

Name of Employer Occupation  
 Chesapeake CardioVascular Associates ADULT CARDIOLOGY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2012

**Transaction ID : 44659C1F75E67F339EDD**

Amount of Each Receipt this Period  
 83.34

Full Name (Last, First, Middle Initial)  
**B. David L. Navratil M.D., F.A.**

Mailing Address 1967 Davina St

City State Zip Code  
 Henderson NV 89074-1026

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

Name of Employer Occupation  
 Cardiovascular Consultants of Nevada ELECTROPHYSIOLOGY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012

**Transaction ID : FADDEDC053F9B6A4A58**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
**C. Roger C. On M.D., F.A.**

Mailing Address 4215 Stern Ave

City State Zip Code  
 Sherman Oaks CA 91423-4226

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

Name of Employer Occupation  
 Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 27 / 2012

**Transaction ID : C393FADF-9623-4CEF-**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1333.34

**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 24 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Abdulfatah Abdelkarim Osman M.B.B.S.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2336 Willow Ln  
 City Grand Blanc State MI Zip Code 48439-2537  
 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 ▼ 365.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 25 / 2012  
**Transaction ID : E29DB63CCBAC8EF305E**  
 Amount of Each Receipt this Period  
 365.00

**B. Madhava T. Pally M.B.B.S.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 Plaza Dr Ste D  
 City Lehigh Acres State FL Zip Code 33936-6054  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2012  
**Transaction ID : 5188A30BAE95BD12B51**  
 Amount of Each Receipt this Period  
 250.00

**C. John W. Pickrell M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Elkhorn Valley Dr  
 City Casper State WY Zip Code 82609-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wyoming CardioPulmonary  
 Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : 4112901DDA724E2164EE**  
 Amount of Each Receipt this Period  
 85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	700.00
<b>TOTAL</b> 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 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. David J. Pinnelas M.D., F.A.</b>		Date of Receipt
Mailing Address 2 Hopi Ct		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Manalapan	NJ	07726-4628
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>4876BC7A6265F2FABC60</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Shore Heart Group	INTERVENTIONAL CARDIOLOGY	<input type="text" value="70.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="321.66"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Pittaro M.D., F.A.</b>		Date of Receipt
Mailing Address 1177 Summer St FI 5		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Stamford	CT	06905-5522
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>FBD13C09EFA304C61D7</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiology Assoc. of Fairfield County	ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. James B. Powers M.D., F.A.</b>		Date of Receipt
Mailing Address 11 Bowdoin Dr		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Falmouth	ME	04105-2557
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>4815B6C9381D1A3959BA</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Maine Cardiology Associates	ADULT CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="420.00"/>
<b>TOTAL</b> 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 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sarah Rinehart M.D., F.A.</b>			Date of Receipt
Mailing Address 2620 Danforth Ln			<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : BCA02485AFFD7986546</b>
Decatur	GA	30033-2213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="365.00"/>
Name of Employer	Occupation		
Cardiology; Piedmont Heart Institute	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael E. Ring M.D., F.A.</b>			Date of Receipt
Mailing Address 122 W 7th Ave Ste 450			<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 44278FAB6CBCD6F112B7</b>
Spokane	WA	99204-2339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.34"/>
Name of Employer	Occupation		
Heart Clinics Northwest	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="416.70"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. George P. Rodgers M.D., F.A.</b>			Date of Receipt
Mailing Address 11673 Jollyville Rd Ste 205-B			<input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 4AFDA4973E58EE65EC35</b>
Austin	TX	78759-4200	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.34"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="531.68"/>
<b>TOTAL</b> 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: (check only one)	PAGE 27 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David A. Rosenbaum M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3625 Cherry Plum Dr  
 City Colorado Springs State CO Zip Code 80920-2826  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pikes Peak Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1041.70**

Date of Receipt **05 / 21 / 2012**  
**Transaction ID : 413DA16F52213103F447**  
 Amount of Each Receipt this Period **208.34**

**B. John S. Rumsfeld M.D., Ph.D**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 250 S Dahlia St  
 City Denver State CO Zip Code 80246-1049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Denver VA Medical Center, University o Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.65**

Date of Receipt **05 / 25 / 2012**  
**Transaction ID : 488B91AFC41091B62927**  
 Amount of Each Receipt this Period **83.33**

**c. Michael K. Schroyer RN, A.A.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9065 Pebblepoint Cir  
 City Zionsville State IN Zip Code 46077-8992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Vincent Heart Center of Indiana Occupation ADMINISTRATION  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt **05 / 15 / 2012**  
**Transaction ID : 42CE9FF298872201460F**  
 Amount of Each Receipt this Period **88.00**

**SUBTOTAL** of Receipts This Page (optional)..... **379.67**  
**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 28 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Ahmad B. Shahbandar M.D., F.A.**

Mailing Address 656 Springview Dr

City Rochester State MI Zip Code 48307-6071

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

Name of Employer Cardiovascular Consultants P.C. Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2012  
**Transaction ID : 4B07A62085D616E47BBC**

Amount of Each Receipt this Period 125.00

Full Name (Last, First, Middle Initial)  
**B. Amit Jay Shanker M.D., F.A.**

Mailing Address 190 Main St  
One Atwell Avenue

City Cooperstown State NY Zip Code 13326-1137

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

Name of Employer Bassett Healthcare-(Mary Imogene Basse) Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2012  
**Transaction ID : 12BC37A6B3F7BA76523**

Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial)  
**C. Narendra Singh M.D., F.A.**

Mailing Address 6350 Haddington Ln

City Johns Creek State GA Zip Code 30024-5304

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

Name of Employer Atlanta Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 441.66

Date of Receipt 05 / 09 / 2012  
**Transaction ID : 4F42A84D418719B4D8B6**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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 29 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Robert D. Slama III, M.D.</b>			Date of Receipt
Mailing Address 44 Edgewood Rd			M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2012
City	State	Zip Code	<b>Transaction ID : CE38C0838B8BA6CD0B2</b>
Summit	NJ	07901-3988	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			750.00
Name of Employer	Occupation		
Summit Medical Group	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			1500.00
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael J. Springer M.D., F.A.</b>			Date of Receipt
Mailing Address 803 Towner Pl			M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2012
City	State	Zip Code	<b>Transaction ID : 40229ECF1F2420834C76</b>
Louisville	KY	40223-2568	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			41.66
Name of Employer	Occupation		
Medical Center Cardiologists	ELECTROPHYSIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			208.30
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Ganpat G. Thakker M.B.B.S.,</b>			Date of Receipt
Mailing Address 3100 Maccorkle Ave Ste 902			M M M / D D D / Y Y Y Y Y Y 05 / 25 / 2012
City	State	Zip Code	<b>Transaction ID : 5C9B2FC2-BD09-4846-</b>
Charleston	WV	25304-1223	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			500.00
Name of Employer	Occupation		
Advanced Cardio-Vascular Services, P.L	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			500.00
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1291.66
<b>TOTAL</b> 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 30 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Suma A. Thomas M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2012
Mailing Address 7620 Old Georgetown Rd Apt 1214		<b>Transaction ID : 47AEB556F5BAFD4F7989</b>
City Bethesda	State MD	Zip Code 20814-6182
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.34	
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 ▼ 416.68	

Full Name (Last, First, Middle Initial) <b>B. Paul D. Thompson M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012
Mailing Address 30 Metacom Dr		<b>Transaction ID : C2A0584AB2B3E067D61</b>
City Simsbury	State CT	Zip Code 06070-1850
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Hartford Hospital Division of Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Krishnaswami Vijayaraghavan M.B.B.S.</b>		Date of Receipt MM / DD / YYYY 05 / 21 / 2012
Mailing Address 2817 E Ludlow Dr		<b>Transaction ID : 45D0975DEB9E1E52C159</b>
City Phoenix	State AZ	Zip Code 85032-5665
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
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 ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.68
<b>TOTAL</b> 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 31 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Juan Villafane M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Willow Ave  
 1205  
 City Louisville State KY Zip Code 40204-2506  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation PEDIATRICS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 01 / 2012  
**Transaction ID : 406FA713C86DFFE12941**  
 Amount of Each Receipt this Period  
 83.34

**B. Thad F. Waites M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 Richburg Rd  
 City Hattiesburg State MS Zip Code 39402-9055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Heart Center  
 Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1916.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 21 / 2012  
**Transaction ID : 40BA83533B4B02F1B0C9**  
 Amount of Each Receipt this Period  
 83.34

**C. Howard T. Walpole Jr., M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 Northumberland  
 City Nashville State TN Zip Code 37215-4123  
 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 ▼ 2083.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2012  
**Transaction ID : 429B9ED9A5DCC0DCD8D6**  
 Amount of Each Receipt this Period  
 416.67

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.35
<b>TOTAL</b> 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 32 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mary Norine Walsh M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 428 W 83rd Pl  
 City Indianapolis State IN Zip Code 46260-4905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Vincent Heart Center of Indiana Occupation HEART FAILURE/TRANSPLANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 29 / 2012**  
**Transaction ID : 48A0A6F880F696E95B6A**  
 Amount of Each Receipt this Period **100.00**

**B. Bruce A. Watt M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2109 S Main Ave  
 City Sioux Falls State SD Zip Code 57105-3827  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Central Heart Institute Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **416.70**

Date of Receipt **05 / 21 / 2012**  
**Transaction ID : 41C8A113E4E83EC12D49**  
 Amount of Each Receipt this Period **83.34**

**C. Robert C. Wesley Jr., M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8841 Montagna Dr  
 City Las Vegas State NV Zip Code 89134-6148  
 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 **420.00**

Date of Receipt **05 / 21 / 2012**  
**Transaction ID : 4258BF3DE54A0CA48060**  
 Amount of Each Receipt this Period **84.00**

**SUBTOTAL** of Receipts This Page (optional)..... **267.34**  
**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 33 OF 39
	<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"/>	<input type="checkbox"/> 17

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

**A. John Jason West M.D.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3322 NW Panorama Dr

City Bend State OR Zip Code 97701-5461

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

Name of Employer Bend Memorial Clinic Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 05 / 11 / 2012  
Transaction ID : 432792750CEAF727938C

Amount of Each Receipt this Period 41.66

**B. Steven R. West M.D., F.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 3701 S Poplar Dr

City Columbus State IN Zip Code 47201-4972

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

Name of Employer St. Vincent Medical Group Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt 05 / 31 / 2012  
Transaction ID : 4D2CBE080B88D0DD3D8C

Amount of Each Receipt this Period 41.67

**C. Michael C. Widmer M.D., F.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2753 NE Red Oak Dr

City Bend State OR Zip Code 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 29 / 2012  
Transaction ID : 4E8FA19F59E4B3FE2DB4

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional).....▶ 166.66

**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 34 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joseph N. Wight Jr., M.D.,</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012
Mailing Address 11 Ironclad Rd		<b>Transaction ID : 1CD4F306-906F-4D6C-</b>
City Cape Elizabeth	State ME	Zip Code 04107-1902
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Lambert A. Wu M.D., F.A.</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2012
Mailing Address 1524 NW Grove Ave		<b>Transaction ID : 412A8B6841AB520FD21C</b>
City Topeka	State KS	Zip Code 66606-1234
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) <b>C. Janet Fredal Wyman MSN, NP, A</b>		Date of Receipt MM / DD / YYYY 05 / 01 / 2012
Mailing Address 960 Westchester Rd		<b>Transaction ID : 4CE096C8AA90D7799461</b>
City Grosse Pointe Park	State MI	Zip Code 48230-1830
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Henry Ford Hospital	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.68
<b>TOTAL</b> This Period (last page this line number only).....▶	21100.44

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

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

FOR LINE NUMBER: PAGE 35 OF 39  
(check only one)

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

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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10274.90

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2012  
**Transaction ID : 74A257AE49BC1560D90**

Amount of Each Receipt this Period  
 1087.35

Reimbursement for April Amex Fees and May Merchant Fees

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1087.35
<b>TOTAL</b> This Period (last page this line number only).....▶	1087.35

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
May 2012 Amex Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 31 / 2012

Transaction ID : V0743D95945800CD24BE

Amount of Each Disbursement this Period

139.09

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
May 2012 Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2012

Transaction ID : M10C8D5F85A856F2BC6D

Amount of Each Disbursement this Period

813.51

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

952.60

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

952.60

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Berman for Congress**

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement  
2012 Primary

Candidate Name

**Howard L. Berman**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	2

Transaction ID : **0C3B3D1D38F5FBD6FAC**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Dewhurst for Texas**

Mailing Address 1210 San Antonio Street Suite 700

City Austin State TX Zip Code 78701

Purpose of Disbursement  
2012 Primary

Candidate Name

**David Dewhurst**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	2

Transaction ID : **AE1EF3AA6813ECBE3AE**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Diane Black for Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
2012 Primary

Candidate Name

**Diane Black**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	2

Transaction ID : **52B81D37A100D1A723E**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0


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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**National Republican Senatorial Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

Transaction ID : 3B473588F7E918A0FD4

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Olson for Congress Committee**

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Peter Graham Olson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	2

Transaction ID : C8A8BDA159F6950E85E

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Robert Aderholt for Congress**

Mailing Address PO Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement  
2012 General

011

Candidate Name

**Robert B. Aderholt**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	2

Transaction ID : A74BDE4C50BA828A761

Amount of Each Disbursement this Period

1	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	7	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	7	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Susan Adams for Congress**

Mailing Address 68 Mitchell Blvd Suite 250

City San Rafael State CA Zip Code 94903

Purpose of Disbursement  
2012 Primary

Candidate Name

**Susan L. Adams**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	2

**Transaction ID : 9082F089171B6E6FE21**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. Tom Reed for Congress**

Mailing Address PO Box 450

City Victor State NY Zip Code 14564

Purpose of Disbursement  
2012 Primary

Candidate Name

**Thomas W. Reed II.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	1	2

**Transaction ID : 073D2ABFB7D6D690418**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

6	0	0	0	0	0	0	0	0	0
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2	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---