

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 Washington DC 20037 1153 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 19 2006 through 11 27 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 12 06 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		401220.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	328975.90									
(c) Total Receipts (from Line 19) .....	56750.11	278152.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	385726.01	679373.02								
7. Total Disbursements (from Line 31) .....	34252.01	327899.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	351474.00	351474.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	0

D	D
1	9

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	1

D	D
2	7

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	43829.33	227821.97
(i) Itemized (use Schedule A) .....	12395.00	39765.32
(ii) Unitemized .....	56224.33	267587.29
(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) .....	56224.33	267587.29
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) .....	525.78	8565.69
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	56750.11	278152.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	56750.11	278152.98

**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.....	525.78	8233.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	525.78	8233.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	295689.66
24. Independent Expenditure (use Schedule E) .....	19526.23	19526.23
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 .....	1200.00	4450.00
(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)) .....	1200.00	4450.00
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))..	34252.01	327899.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	34252.01	327899.02

**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) .....	56224.33	267587.29
34. Total Contribution Refunds (from Line 28(d)) .....	1200.00	4450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55024.33	263137.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	525.78	8233.13
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	525.78	8565.69
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	-332.56

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 56
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Richard Abben		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 225 Dunn Street		<b>Transaction ID:</b> e451158b9dc047edb8a4	
City State Zip Code Houma LA 70360-4413	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiovascular Inst. of the South	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.</b> Wasim Ahmar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 515 W State Road 434 Suite 307		<b>Transaction ID:</b> 19da031b668a4312ada8	
City State Zip Code Longwood FL 32779-3125	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>C.</b> Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address 2151 Waukegan Road #100		<b>Transaction ID:</b> 110706-VXHF0C2DD6C8	
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Andres Alisuag

Mailing Address 9109 Stonewall Road

City Manassas State VA Zip Code 20110-4414

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  
11 / 03 / 2006

**Transaction ID:** 316ab7eab1874e579ff9

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1016 Brightfield Manor Court

City Chesterfield State MO Zip Code 63017-2485

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  
10 / 24 / 2006

**Transaction ID:** 737210afa22c48439d94

Amount of Each Receipt this Period  
250.00

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

Mailing Address 25 Stockton Drive

City Voorhees State NJ Zip Code 08043-3941

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

Name of Employer South Jersey Heart Group Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2006

**Transaction ID:** 912a30bf3a5c4058bec8

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Timothy Bateman

Mailing Address 4330 Wornall Road Suite 2000

City State Zip Code  
Kansas City MO 64111-5939

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

Name of Employer Cardiovascular Consultants, PC  
Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** 110706-VXHF0C289CA2

Amount of Each Receipt this Period  
50.00

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

Mailing Address 20824 Tall Forest Dr Ste 101

City State Zip Code  
Germantown MD 20876-6045

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

Name of Employer Maryland Chapter of the ACC  
Occupation Chapter Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 67460-13312929868698

Amount of Each Receipt this Period  
25.00

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

Mailing Address 8316 Arlington Boulevard Suite 610

City State Zip Code  
Fairfax VA 22031-5204

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

Name of Employer Pediatric Cardiology Associates, P.C.  
Occupation PEDIATRIC CARD.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 571c781a984a428c9d12

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 56		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

**A.** Full Name (Last, First, Middle Initial)  
Matthew Bessen

Mailing Address 707 Braeview Road

City State Zip Code  
Louisville KY 40207-4204

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

Name of Employer  
Medical Center Cardiologists

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 6

Transaction ID: ff30cb65bda8492a82d9

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1002 Willets Road

City State Zip Code  
Marmora NJ 08210-1968

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

Name of Employer  
Regional Heart and Lung Associates

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 1cfb0d69aba7419cbf27

Amount of Each Receipt this Period  
250.00

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

Mailing Address 47 Canonchet Way

City State Zip Code  
Narragansett RI 02882-7306

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 ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 6220c84da48c4219b23e

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 56
	<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.** Full Name (Last, First, Middle Initial)  
Demetrius Bravidis

Mailing Address 1106 Orchard View Road

City State Zip Code  
Reading PA 19611-1495

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

Name of Employer  
Cardiology Associates of West Reading, PA

Occupation  
NON-INVASIVE CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** 419b6393810b4d5bad6f

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4th Floor Edwards Heart Hospital  
801 S Washington Street

City State Zip Code  
Naperville IL 60540-7430

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

Name of Employer  
Midwest Heart Specialists

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** 110706-VXHF0C2E1733

Amount of Each Receipt this Period  
100.00

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

Mailing Address 5460 Paseo Soria

City State Zip Code  
Tucson AZ 85718-5230

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

Name of Employer  
UNIVERSITY OF ARIZONA

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** 234987baab6540128f24

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 780 Joe Lewis Road

City Somerset State KY Zip Code 42503-4252

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 ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 5fdac1a93ae249ab898b

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 19 Woodland Street Suite 35

City Hartford State CT Zip Code 06105-2335

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

Name of Employer Central Connecticut Cardiologists, LLC Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 27 / 2006

Transaction ID: c8294181c2d94703a174

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1754 Hunters Run

City New Braunfels State TX Zip Code 78132-4719

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

Name of Employer Heart and Vascular Institute of Texas Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 63d32a86623a470c9a18

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 707 McDaniel Avenue

City Greenville State SC Zip Code 29605-2831

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

Name of Employer Upstate Cardiology, P.A. Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2006

Transaction ID: 4fe0bc09824f424bab96

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1819 Carew Street

City Fort Wayne State IN Zip Code 46805-4705

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

Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2006

Transaction ID: 110706-VXHF0C2E1728

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1476 Alta Mesa Way

City Brea State CA Zip Code 91745-6827

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  
10 / 27 / 2006

Transaction ID: 4d821402efcb47e093fa

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 114 Woodland Street

City State Zip Code  
Hartford CT 06105-1208

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

Name of Employer  
St. Francis Hospital and Medical Centre

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

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

**Transaction ID:** 110706-VXHF0C289CAD

Amount of Each Receipt this Period  
50.00

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

Mailing Address 140 Chestnut Street Suite 202

City State Zip Code  
Ridgewood NJ 07450-2536

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 / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

**Transaction ID:** bc4adcfad99d40c7bea7

Amount of Each Receipt this Period  
250.00

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

Mailing Address 9111 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1616

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

Name of Employer  
American College of Cardiology

Occupation  
ADMINISTRATION

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** 110706-VXJF0C2E1732

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 56
	<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. Gary Conrad</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 50 Alessandro Place Ste#200		<b>Transaction ID:</b> 80829666df7f4a219d41	
City Pasadena	State CA	Zip Code 91105-4002	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Foothill Cardiology California Heart Me		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. Barry Coughlin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 909 East Fir		<b>Transaction ID:</b> 7bfed17cbf3c4cc08ad3	
City Lompoc	State CA	Zip Code 93436-7002	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Lompoc Cardiology		Occupation NON-INVASIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Rafael Coutin</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1521 Staples Suite 700		<b>Transaction ID:</b> 0e6c42fbede14de4823e	
City Corpus Christi	State TX	Zip Code 78404-3160	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiology Associates of Corpus Christ		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1550.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 56
	<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. Jeffrey Cowen</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2642 Cameron Way		<b>Transaction ID:</b> b2c16ec0d17e4b67a58d	
City Frederick	State MD	Zip Code 21701-4546	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Yuri Deychak</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 10 Floral Park Court		<b>Transaction ID:</b> 6cfb744ce94b4e869b8c	
City Gaithersburg	State MD	Zip Code 20817-1830	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardic Consultants Chartered	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>C. James Diggs</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 75 S Street Northwest		<b>Transaction ID:</b> 58e862a4dbf84a5d97b8	
City Washington	State DC	Zip Code 20060-0001	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 56
	<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. John Edmunds</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 4002 Westmount Drive		<b>Transaction ID:</b> 8ca5ef413a8b426ca90e	
City Greensboro	State NC	Zip Code 27401-1231	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Eagle Physicians, P.A. Wen-dover Medical	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>B. Pedro Escandon</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 459 Jack Martin Boulevard Suite 4		<b>Transaction ID:</b> 50b9802ea55f4ee5ab97	
City Brick	State NJ	Zip Code 08724-7724	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coastal Cardiovascular Consultants	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>C. James Fasules</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6	
Mailing Address Slot 512-3 Room G3005P-1 1900 Maryland		<b>Transaction ID:</b> 110706-VXHF0C2E172E	
City Little Rock	State AR	Zip Code 72202-3458	Amount of Each Receipt this Period 42.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Arkansas Children's Hospital Pediatric	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	792.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 56
	<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 Fishman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 5600 W Addison Street Suite 505		<b>Transaction ID:</b> 3dbee0bec94d422ba047	
City State Zip Code Chicago IL 60634-4466	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Blair Foreman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 309 Sunset Street		<b>Transaction ID:</b> 21895-19169253110885	
City State Zip Code Iowa City IA 52803-2473	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Medicine PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>C. Timothy Freeman</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 704 S Webster Avenue		<b>Transaction ID:</b> 2d30f4328298436db7d2	
City State Zip Code Green Bay WI 54301-3528	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Associates of Green Bay, Lt	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
H. Harold Friedman

Mailing Address 405 Hodencamp Road Apt. 304

City State Zip Code  
Thousand Oaks CA 91360-7309

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 Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: 353cdb4dc7f34e32b8ac

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5301 Preserve Parkway S

City State Zip Code  
Littleton CO 80121-2147

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 Y  
1 1 / 0 3 / 2 0 0 6

Transaction ID: bbfe9c8d5195435bbc66

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2200 Park Bend Building 2 Suite 300

City State Zip Code  
Austin TX 78758-5387

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

Name of Employer Self-Employed Occupation  
North Austin Medical Center/Round Rock ECHOCARDIOGRAPHY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 7 / 2 0 0 6

Transaction ID: 443bc74938694cb69ab0

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 56
	<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. Janice Garrison</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6
Mailing Address 80 Humphreys Boulevard Suite 202		<b>Transaction ID:</b> 18258-33520144224167
City State Zip Code Memphis TN 38120-2361	Amount of Each Receipt this Period 900.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Cardiology Specialists	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>B. Basil Genetos</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> f2b99b6a4666449e82dc
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fort Wayne Cardiology Corporation	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. Foad Ghavami</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 501 Seaview Avenue Suite 200		<b>Transaction ID:</b> 1825de36f1b74a908078
City State Zip Code Staten Island NY 10305-3400	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Vazzana Bogin Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 56
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) David Gilligan Mailing Address 1700 Habwood Ln City Richmond State VA Zip Code 23238-4450 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 772bca92558e482196b2 Amount of Each Receipt this Period 250.00
Name of Employer: Virginia Cardiovascular Specialist Occupation: ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rajan Gopal Mailing Address 2103 East 39th Street City Sterling State IL Zip Code 61081-9447 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> e8847dd9ac9a44df95d0 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		

<b>C.</b> Full Name (Last, First, Middle Initial) Frank Green Mailing Address 1311 Fox Hill Drive City Indianapolis State IN Zip Code 46228-1300 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> cf2a161831f646919907 Amount of Each Receipt this Period 250.00
Name of Employer: The Care Group Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Greenberg

Mailing Address 6531 Mantova

City State Zip Code  
Long Beach CA 90815-4661

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

Name of Employer 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 Y  
1 1 / 0 8 / 2 0 0 6

**Transaction ID:** 771357a600d04ff6924f

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1819 Carew Street

City State Zip Code  
Fort Wayne IN 46805-4705

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

Name of Employer Occupation  
Fort Wayne Cardiology Corporation ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 336.00

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

**Transaction ID:** 21895-06274050474166

Amount of Each Receipt this Period  
42.00

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

Mailing Address 9510 Shady Cv

City State Zip Code  
Chattanooga TN 37421-2059

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

Name of Employer Occupation  
Diagnostic Center 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 Y  
1 1 / 0 3 / 2 0 0 6

**Transaction ID:** 9ed0c09fbbc345029ed1

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>542.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Mark Heitzman

Mailing Address RR 1, 570 Cummings Road

City Barre State VT Zip Code 05641-9805

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  
11 / 03 / 2006

Transaction ID: 3a0fc436490a4fd281a1

Amount of Each Receipt this Period  
250.00

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

Mailing Address 8717 Grand Summit Rd

City Richmond State VA Zip Code 23235-3445

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

Name of Employer Virginia Cardiovascular Specialist Occupation ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 942d53a0bbf1402e9cbb

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4329 Corinth Drive

City Birmingham State AL Zip Code 35213-1836

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

Name of Employer Cardiovascular Associates, P.C. Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2006

Transaction ID: 67460-95954531431199

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **540.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 56
	<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. Michael Honan</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 4329 Corinth Drive		<b>Transaction ID:</b> 6305744eaff54f6ca325	
City State Zip Code Birmingham AL 35213-1836	Amount of Each Receipt this Period 210.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiovascular Associates, P.C.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) <b>B. Atul Hulyalkar</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 29325 Health Campus Drive #3		<b>Transaction ID:</b> 2fed95bab7104b9db6ab	
City State Zip Code Westlake OH 44145-8201	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. C. David Joffe</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6	
Mailing Address 7067 Meeker Commons		<b>Transaction ID:</b> 21895-96177309751511	
City State Zip Code Dayton OH 45414-3980	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL 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) ..... ▶	760.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 56
	<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. Kevin Kelly</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 4405 Old Mill Road		<b>Transaction ID:</b> 114de3675a5b428b824d	
City State Zip Code Fort Wayne IN 46807-2551	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Tahir Khan</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 7225 Promenade Drive B201		<b>Transaction ID:</b> 20d2fe18f58e4a8da673	
City State Zip Code Boca Raton FL 33433-2813	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Stephen Kiefer</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1937 South Whitehall Street		<b>Transaction ID:</b> d87e165dcdb844f7bfed	
City State Zip Code Maryville TN 37804-5126	Amount of Each Receipt this Period 125.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer East Tennessee Heart Cnsl- tnts PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 625.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	875.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 56
	<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. Andrew Klaus</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 7596 Clear Creek Court		<b>Transaction ID:</b> 36dd9667c27049e4aac7 Amount of Each Receipt this Period 125.00
City State Zip Code Blacklick OH 43213-1531	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00

Full Name (Last, First, Middle Initial) <b>B. William Kutchera</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 13822 Arboretum Street		<b>Transaction ID:</b> 4207a9b293b045b1a0b1 Amount of Each Receipt this Period 250.00
City State Zip Code Anchorage AK 99516-7612	FEC ID number of contributing federal political committee. C	
Name of Employer Alaska Heart Institute Occupation ADULT CARDIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) <b>C. Costas Lambrew</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6
Mailing Address 13 Atlantic Dr		<b>Transaction ID:</b> b6c4cc5980424df1aa3f Amount of Each Receipt this Period 125.00
City State Zip Code Scarborough ME 04074-8667	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 56
	<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.</b> Ronald Landin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6	
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> b1b843de94ba4b4d9c3e	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Eli Lavie		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2151 Waukegan Road Suite 100		<b>Transaction ID:</b> d70c70df946c4ece95e5	
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer North Shore Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Law		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 306 Dux Lndg		<b>Transaction ID:</b> 0b13ec729e774904b567	
City State Zip Code Cape Girardeau MO 63701-9261	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiovascular Consultants of Cape Gira	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>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) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 / 56
<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. Craig Lundgren</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 11223 Buenavista		<b>Transaction ID:</b> f8fcb43eed84a5bb3d2	
City State Zip Code Shawnee Mission KS 64114-4698	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Eugene Magnier</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2607 Halekoa Drive		<b>Transaction ID:</b> 1f0cdd627b8748c7b870	
City State Zip Code Honolulu HI 96701-3989	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Stavros Maragos</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address Heart Care Centers 3611 W 183rd Street		<b>Transaction ID:</b> afb6a3809951406ca10c	
City State Zip Code Hazel Crest IL 60429-2409	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Heart Care Centers of Illinois Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 56
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy Martin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2530 Clarke Crest Drive		<b>Transaction ID:</b> d6e12ba0c6b54e89a7ae	
City Dubuque	State IA	Zip Code 52001-6320	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Dubuque Internal Medicine	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jose Martinez		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address PO Box 1000		<b>Transaction ID:</b> 83822f43517c42c48487	
City Manati	State PR	Zip Code 00674-1000	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Centro Cardiovascular de Manati III, C	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) George Massoud		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2200 E First Street Suite 1612		<b>Transaction ID:</b> d3ad0acf63db487e929a	
City Alamogordo	State NM	Zip Code 88310-3424	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Scott McCallister</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 1835 Arlington Row		<b>Transaction ID:</b> 5092462a06d24cd6b33e
City Westlake	State OH	Zip Code 44145-3562
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. William McGuinn</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6
Mailing Address 703 Tyler Street Suite 250		<b>Transaction ID:</b> 5fb1bf48da7b42798e1f
City Sandusky	State OH	Zip Code 44870-5200
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer North Ohio Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Bruce McLellan</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address PO Box 6419		<b>Transaction ID:</b> 85db11702a1b42539203
City Bend	State OR	Zip Code 97708-6419
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Cardiology Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 56
	<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.</b> Ronald Miller		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6
Mailing Address 23755 Woodlyne Drive		<b>Transaction ID:</b> f55e10bd3f98456a834a Amount of Each Receipt this Period 250.00
City State Zip Code Bingham Farms MI 48025-3400		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> 110706-VXJF0C2E172F Amount of Each Receipt this Period 100.00
City State Zip Code Fort Wayne IN 46805-4705		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Fort Wayne Cardiology Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Thomas Mladi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 1 / 2 0 0 6
Mailing Address 8548 Cascade		<b>Transaction ID:</b> f1481ee689444780ae1e Amount of Each Receipt this Period 250.00
City State Zip Code Commerce Twp MI 48382-4707		
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 56
	<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. Suketu Nanavati</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2 Village Drive		<b>Transaction ID: 4f5fc27aa00843589cf3</b>	
City State Zip Code Cape May Court Hou NJ 08210-1939		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Cape 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	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Narun</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 9 Atwater Road		<b>Transaction ID: ae5c3455195240e694d8</b>	
City State Zip Code Chadds Ford PA 19317-9111		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. John Nash</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 605 Old Ballas Road Suite 220		<b>Transaction ID: 3a52ee1735f94039b882</b>	
City State Zip Code Saint Louis MO 63141-7084		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Metro Heart Group Inc ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Frank Navetta

Mailing Address 619 S Fleishel Avenue Suite 101

City State Zip Code  
Tyler TX 75701-2004

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

Name of Employer Occupation  
Tyler Inpatient Management Serv ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 1 / 2 0 0 6

**Transaction ID:** 110706-VXHF0C3491D1

Amount of Each Receipt this Period  
300.00

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

Mailing Address 3502 Scenic Hills Drive

City State Zip Code  
Austin TX 78703-1077

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

Name of Employer Occupation  
Cardiovascular Consultants ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

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

**Transaction ID:** 5a4201eda16747229be3

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1105 E Massachusetts Avenue

City State Zip Code  
Southern Pines NC 28387-6737

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

Name of Employer Occupation  
Pinehurst Med. Clin., Inc. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

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

**Transaction ID:** 023576db002d407888a4

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1425.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 56
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Philip Pasma Mailing Address 161 Pleasant Point Drive City State Zip Code Hickory NC 28601-8817 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 <b>Transaction ID:</b> f563251df5a84b5ab81e Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ravindra Patel Mailing Address 5 Jenna Court City State Zip Code Scotch Plains NJ 07076-3411 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> c0f8d9e5f8d84e00a804 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Charles Phillips Mailing Address 104 Williamson Court 5875 Bremo Road Suite 501 City State Zip Code Richmond VA 23226-1928 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 <b>Transaction ID:</b> 752271749fbd45a3b1c2 Amount of Each Receipt this Period 250.00
Name of Employer Occupation Virginia Cardiovascular Specialist ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Pinnelas</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2 Hopi Ct		<b>Transaction ID:</b> 444691e52cb94ec18f7b	
City Manalapan	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07726-4628		Transaction ID: 444691e52cb94ec18f7b	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Union County Crdlgy Assoo- iates, PA	Occupation INTERVENTIONAL 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. George Pogson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1515 W Truman Road Suite 602		<b>Transaction ID:</b> c6f29a8ab9974a31a53a	
City Independence	State MO	Amount of Each Receipt this Period 500.00	
Zip Code 64050-3450		Transaction ID: c6f29a8ab9974a31a53a	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Independence Cardiology	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. Brahmaji Puram</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address PO Box 2197		<b>Transaction ID:</b> c26f5947fc924c758fed	
City Pikeville	State KY	Amount of Each Receipt this Period 500.00	
Zip Code 41502-2197		Transaction ID: c26f5947fc924c758fed	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
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>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 56
	<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.</b> Edwin Purvis		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 265 Grand Cypress Drive		Transaction ID: fc605e0f41b64452a729	
City State Zip Code Meridian MS 39305-8025	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Peter Rahko		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 3410 Noll Valley Circle 600 Highland Avenue		Transaction ID: d31279df42ff44eb80b8	
City State Zip Code Verona WI 53792-0001	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Wisconsin Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> David Ramos		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1100 Forrest Avenue 540 South Governors Avenue		Transaction ID: f62a5e89683f4ea1bb43	
City State Zip Code Dover DE 19904-3530	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical Office Building Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 56
	<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. Kenneth Retter</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 2921 Bella Vista Drive		<b>Transaction ID:</b> 9f99a160d720461cb141	
City State Zip Code Cape Girardeau MO 63703-4927	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiovascular Consultants of Cape Gira	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>B. William Ricks</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 17480 High Street		<b>Transaction ID:</b> b4fb8af30ee54f1393f0	
City State Zip Code Los Gatos CA 95030-6200	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 1500.00		

Full Name (Last, First, Middle Initial) <b>C. George Rodgers</b>		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 3300 Duval Road Suite 150		<b>Transaction ID:</b> 110706-VXHF0C289CA4	
City State Zip Code Austin TX 78759-3542	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Sanfelippo</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 232 Burke Pl		<b>Transaction ID:</b> 845116a248fc43d7b1b0	
City Jefferson City	State MO	Zip Code 65109-5793	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Jefferson City Medical Group PC	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. Mark Sanz</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6	
Mailing Address 3122 Martinwood Road		<b>Transaction ID:</b> 18258-23125857114792	
City Missoula	State MT	Zip Code 59802-4015	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer International Heart Institute of Montana	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>C. Pillutla Sastry</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 100 Bentley Avenue		<b>Transaction ID:</b> 9d407c5d6c74418fba34	
City Jersey City	State NJ	Zip Code 07304-1702	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Cardiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
David Schleinkofer

Mailing Address 1819 Carew Street

City State Zip Code  
Fort Wayne IN 46805-4705

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

Name of Employer  
Fort Wayne Cardiology Corporation

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 6

**Transaction ID:** 19G9UVWRR6I7P1

Amount of Each Receipt this Period  
500.00

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

Mailing Address 13723 Weddington Street

City State Zip Code  
Van Nuys CA 91401-5825

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

Name of Employer  
Foothill Cardiology

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 531f43d0cb024cc88710

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4947 East 105th Street  
Suite 200

City State Zip Code  
Tulsa OK 45429-6403

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

Name of Employer  
PriMed Cardiology

Occupation  
CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

**Transaction ID:** 18258-76606386899948

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 56
	<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. Stuart Shulruff</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 356 US Highway 46 Suite B		<b>Transaction ID:</b> c5155ec8ea024d08891e	
City State Zip Code Mountain Lakes NJ 07046-1717	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Steven Silver</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 5 Walkaway Lane		<b>Transaction ID:</b> b728cd2220e549e08d6d	
City State Zip Code Cherry Hill NJ 08003-5136	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Patrick Simpson</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address PO Box 5098		<b>Transaction ID:</b> e9ca026679ba4496a5ae	
City State Zip Code Pinehurst NC 28374-8749	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Pinehurst Medical Clinic Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Roy Small

Mailing Address 708 Steinman Drive

City State Zip Code  
Lancaster PA 17603-2964

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

Name of Employer  
Lancaster General Heart Institute

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 6b9ed2ec0fdb46e88b75

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Guillermo Sosa-Suarez

Mailing Address 8 Cherryvale Boulevard

City State Zip Code  
Slingerlands NY 12159-9373

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 / D D / Y Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

Transaction ID: 31166cd3242a4874b014

Amount of Each Receipt this Period  
500.00

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

Mailing Address 97 Barnes Road Suite 1

City State Zip Code  
Wallingford CT 06492-1885

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

Name of Employer  
Internal Medicine Associates, P.C.

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

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

Transaction ID: 21895-53057497739792

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Raymond Stainback

Mailing Address 2111 University Boulevard

City State Zip Code  
Houston TX 77030-2309

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

Name of Employer Occupation  
Hall Garcia Cardiology As- soc.St. Luke 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  
1 1 / 0 6 / 2 0 0 6

**Transaction ID:** a48ea16432984326ba83

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4401 Fredericksburg Drive

City State Zip Code  
Birmingham AL 35213-1819

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** d35f160fa34943e1b9b2

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3908 Colgate Avenue

City State Zip Code  
Dallas TX 75225-5423

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

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

**Transaction ID:** 56c0263bfd7f47669514

Amount of Each Receipt this Period  
500.00

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 56
	<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. Craig Stevens</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6	
Mailing Address 1409 Northwest Northwoods Drive		<b>Transaction ID:</b> cb7cb6769a9a418c91bf	
City State Zip Code Ankeny IA 50314-3029	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Heart 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		

Full Name (Last, First, Middle Initial) <b>B. Roger Stevenson</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 11808 Hunting Ridge Ct		<b>Transaction ID:</b> 92361-32288759946823	
City State Zip Code Potomac MD 20854-2151	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. William Story</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 1745 North Mills Avenue #100		<b>Transaction ID:</b> 7eb02caa628c4ecca026	
City State Zip Code Orlando FL 32803-1851	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Florida Cardiology Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 56
	<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.</b> Behzad Taghizadeh		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 410 Parkridge Lane Apt. L		<b>Transaction ID:</b> 967c25590f824bf18d0f	
City Winston Salem	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27103-6074			
FEC ID number of contributing federal political committee. C			
Name of Employer Heart and Vascular Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Clifford Talbert		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6	
Mailing Address 25 Doctors Park		<b>Transaction ID:</b> 94563-26435488462448	
City Cape Girardeau	State MO	Amount of Each Receipt this Period 500.00	
Zip Code 63703-4927			
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Consultants of Cape Gira	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.</b> Marc Tecce		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 5 Great Woods Lane		<b>Transaction ID:</b> 98dbdec5986a4d35b0b8	
City Malvern	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19355-9697			
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 56
	<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. William Tinker</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 7 / 2 0 0 6	
Mailing Address 2101 Mars Court		<b>Transaction ID:</b> 9d716c513f184da7a400	
City Bartlesville	State OK	Zip Code 74006-2441	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Andreas Wali</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 2428 E Bayberry Drive		<b>Transaction ID:</b> 744a39479105470bba90	
City Harrisburg	State PA	Zip Code 17112-6013	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Cardiologists P.C.	Occupation INTERVENTIONAL 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. Mary Walsh</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 6	
Mailing Address 8333 Naab Road, Suite 400		<b>Transaction ID:</b> 110706-VXJF0C289CAC	
City Indianapolis	State IN	Zip Code 46260-1992	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Director, CHF and Nuclear CardiologyTh	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1600.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 56
	<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

<b>A.</b> Full Name (Last, First, Middle Initial) Francis Wanat Mailing Address 76 Forest Way City Essex Fells State NJ Zip Code 07028-1527 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 7a51ed4b973d4e3bb95a 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		

<b>B.</b> Full Name (Last, First, Middle Initial) Abdul Wase Mailing Address 2897 Stone Mill Court City Dayton State OH Zip Code 45406-1830 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> 18258-82903689146042 Amount of Each Receipt this Period 1000.00
Name of Employer Dayton Cardiac Electrophysiology Assoc Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Stanislav Weiner Mailing Address 619 S Fleishel Suite 101 City Tyler State TX Zip Code 75701-2004 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6 <b>Transaction ID:</b> 3d123e3df8c14459a674 Amount of Each Receipt this Period 500.00
Name of Employer Tyler Cardiovascular Consultants PA Occupation ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14171 Metropolis Avenue Suite 101

City State Zip Code  
Fort Myers FL 33912-4335

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

Name of Employer  
Cardiology Consultants of Southwest Fl

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 6

**Transaction ID:** 110706-VXJF0C2E1735

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1819 Carew Street

City State Zip Code  
Fort Wayne IN 46805-4705

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

Name of Employer  
Fort Wayne Cardiology Corporation

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
336.00

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

**Transaction ID:** 21895-96239870786667

Amount of Each Receipt this Period  
42.00

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

Mailing Address #3 Grist Mill Lane

City State Zip Code  
Saddle River NJ 07458-1316

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 / D D / Y Y Y Y  
1 1 / 0 7 / 2 0 0 6

**Transaction ID:** Oddada2ce3724004abbf

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	642.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 56
	<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.</b> John Windsor		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 310 N 10th Street		<b>Transaction ID:</b> 110706-VXHF0C2E172B
City Bismarck	State ND	Zip Code 58501-4516
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 100.00
Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael Wolk		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 876 Park Avenue		<b>Transaction ID:</b> 110706-VXJF0C2E172D
City New York	State NY	Zip Code 10021-8722
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 83.33
Name of Employer New York Cardiology Assoc.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

Full Name (Last, First, Middle Initial) <b>C.</b> R. Scott Wright		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6
Mailing Address Divide of Crdly Gonda 5-477 200 First Street Southwest		<b>Transaction ID:</b> 110706-VXHF0C1118CA
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 30.00
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	213.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 / 56
<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

<b>A.</b> Full Name (Last, First, Middle Initial) R. Scott Wright		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 5 / 2 0 0 6	
Mailing Address Divide of Crdlgy Gonda 5-477 200 First Street Southwest		<b>Transaction ID:</b> 120506-VTHF0CC464AF	
City State Zip Code Rochester MN 55905-0001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Jesus Yap		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6	
Mailing Address 1177 Summer Street 5th Floor		<b>Transaction ID:</b> f6ad289c102d47f3a00e	
City State Zip Code Stamford CT 06905-5522	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardio Assoc of Fairfield County PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Billy Yeh		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 7 / 2 0 0 6	
Mailing Address 13145 Old Cutler Road		<b>Transaction ID:</b> c74027481fbd474fae2a	
City State Zip Code Miami FL 33176-2132	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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>SUBTOTAL</b> of Receipts This Page (optional) .....	780.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 49 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Young-Hyman

Mailing Address 7845 Oakwood Road Suite 106

City State Zip Code  
Glen Burnie MD 21061-4256

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

Name of Employer Occupation  
Arundel Heart Association ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2006

Transaction ID: 3a2fe0ccdc1a48f0b670

Amount of Each Receipt this Period  
250.00

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

Mailing Address St. Mary's Hospital  
5875 Bremo Road Suite 501

City State Zip Code  
Richmond VA 23226-1928

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

Name of Employer Occupation  
Virginia Cardiovascular Specialist INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 07 / 2006

Transaction ID: 92453-09394472837448

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	43829.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 56
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8565.69

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

**Transaction ID:** 16654-25605410337448

Amount of Each Receipt this Period  
165.11

Reimburse for Oct. Amex Fees

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8565.69

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	6

**Transaction ID:** 16654-96682375669480

Amount of Each Receipt this Period  
360.67

Reimburse for Nov. Disc./- Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	525.78
<b>TOTAL</b> This Period (last page this line number only) .....	▶	525.78

# 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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> V44698-8400079607963 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 165.11
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement October Amex Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Discover Business Services</b>		<b>Transaction ID:</b> M44698-2221338152885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 4.18
City New Albany State OH Zip Code 43054	Purpose of Disbursement November Discover Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		<b>Transaction ID:</b> M44698-7503930926323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 270.28
City Knoxville State TN Zip Code 37920	Purpose of Disbursement November Merchant Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 439.57

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Wachovia Bank

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
November Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M44698-2073785662651

Date of Disbursement

11 / 02 / 2006

Amount of Each Disbursement this Period

86.21

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

86.21

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

525.78

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Foltin for Congress</b>		<b>Transaction ID:</b> 40333-3395349383354 Date of Disbursement 10 / 26 / 2006	
Mailing Address PO Box 847		Amount of Each Disbursement this Period 2000.00	
City Lorain	State OH	Zip Code 44052	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Craig Foltin			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 13		

Full Name (Last, First, Middle Initial) <b>B. Friends of Charlie Wilson</b>		<b>Transaction ID:</b> 40333-0811120867729 Date of Disbursement 10 / 26 / 2006	
Mailing Address 7 Cadiz Pike		Amount of Each Disbursement this Period 2000.00	
City Bridgeport	State OH	Zip Code 43912	011 Category/ Type
Purpose of Disbursement Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Charles Wilson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 06		

Full Name (Last, First, Middle Initial) <b>C. Friends of Mark Foley</b>		<b>Transaction ID:</b> 60632-30511111021042 Date of Disbursement 10 / 19 / 2006	
Mailing Address 1316 Lake Victoria Drive		Amount of Each Disbursement this Period -2500.00	
City Lake Worth	State FL	Zip Code 33461	011 Category/ Type
Purpose of Disbursement Uncashed 9/11/06 Contribution		Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: FL District: 16		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. PAC To the Future</b>		<b>Transaction ID:</b> 40333-5450555682182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address PO Box 3230		Amount of Each Disbursement this Period 5000.00
City San Francisco State CA Zip Code 94104	Purpose of Disbursement Contribution Candidate Name Category/Type: 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Stupak for Congress</b>		<b>Transaction ID:</b> 40333-2355310320854 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 817 Ninth Avenue		Amount of Each Disbursement this Period 2500.00
City Menominee State MI Zip Code 49858	Purpose of Disbursement Contribution Candidate Name Bart Stupak Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Voice for Freedom</b>		<b>Transaction ID:</b> 40333-3481103777885 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2814 Spring Road Suite 103		Amount of Each Disbursement this Period 4000.00
City Atlanta State GA Zip Code 30339	Purpose of Disbursement Contribution Candidate Name Category/Type: 011	
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	13000.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank Navetta</p>		<p><b>Transaction ID:</b> 16654-23299807310104 <b>Date of Disbursement</b></p>
<p>Mailing Address 6708 Lacosta Drive</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Tyler State TX Zip Code 75701-2004</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="900.00"/></p>	
<p>Purpose of Disbursement Refund</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) Frank Navetta</p>		<p><b>Transaction ID:</b> 16654-54098147153854 <b>Date of Disbursement</b></p>
<p>Mailing Address 6708 Lacosta Drive</p>		<p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p>
<p>City Tyler State TX Zip Code 75701-2004</p>	<p>Amount of Each Disbursement this Period</p> <p><input type="text" value="300.00"/></p>	
<p>Purpose of Disbursement Refund</p>	<p><input type="text" value="010"/> Category/Type</p>	
<p>Candidate Name</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>State: District:</p>		

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

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

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) American College of Cardiology Political Action Committee	<b>FEC IDENTIFICATION NUMBER</b> <b>C</b> C00375360
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee  
American College of Cardiology

---

Mailing Address  
2400 N St NW

---

City Washington	State DC	Zip Code 20037
--------------------	-------------	-------------------

---

Purpose of Expenditure Staff Hours for GOTV Postcard	Category/Type
---	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Nancy Johnson

---

Calendar Year-To-Date Per Election for Office Sought	19526.23
--	----------

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

Amount  
225.00

**Transaction ID:** V26065-9235650897026

Office Sought:  House State: CT  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

Full Name (Last, First, Middle, Initial) of Payee  
Sagac Public Affairs, LLC

---

Mailing Address  
1514 Classen Drive

---

City Oklahoma City	State OK	Zip Code 73106
-----------------------	-------------	-------------------

---

Purpose of Expenditure GOTV Postcard	Category/Type
---	---------------

---

Name of Federal Candidate supported or Opposed by expenditure:  
Nancy Johnson

---

Calendar Year-To-Date Per Election for Office Sought	19526.23
--	----------

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

Amount  
19301.23

**Transaction ID:** V26065-8965112566948

Office Sought:  House State: CT  
 Senate District: 05  
 Presidential

Check One:  Support  Oppose

Disbursement For:  Primary  General 2006  
 Other (specify) : \_\_\_\_\_

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	19526.23
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	0.00
(c) <b>TOTAL</b> Independent Expenditures .....	19526.23

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Richard Goldberg  
Signature

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