

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, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2007 through 05 31 2007

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

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 06 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		384594.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	472442.68									
(c) Total Receipts (from Line 19)	27617.50	201431.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	500060.18	586026.16								
7. Total Disbursements (from Line 31)	48852.29	134818.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	451207.89	451207.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	20378.75	153175.08
(i) Itemized (use Schedule A)	5682.00	43182.41
(ii) Unitemized	26060.75	196357.49
(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)	26060.75	196357.49
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)	1556.75	5074.27
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	27617.50	201431.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27617.50	201431.76

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.....	1352.29	5038.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1352.29	5038.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47500.00	129129.84
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	650.00
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))..	48852.29	134818.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	48852.29	134818.27

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)	26060.75	196357.49
34. Total Contribution Refunds (from Line 28(d))	0.00	650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26060.75	195707.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1352.29	5038.43
37. Offsets to Operating Expenditures (from Line 15, page 3)	1556.75	5074.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-204.46	-35.84

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 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 2151 Waukegan Road #100		Transaction ID: 060707-VLFF1B4A1E10
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Harvey Alpern		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 2811 Wilshire Boulevard Suite 510		Transaction ID: 184a0480c96541e99e0d
City State Zip Code Santa Monica CA 90403-4800	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) C. Harvey Alpern		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address 2811 Wilshire Boulevard Suite 510		Transaction ID: 33965-82093447446823
City State Zip Code Santa Monica CA 90403-4800	Amount of Each Receipt this Period -500.00	
FEC ID number of contributing federal political committee. C		Bounced Check
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 ▼ 0.00	

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	200.00

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 7 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lisa Antonelli		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 7	
Mailing Address 21 Presidents Lane		Transaction ID: 90305b8dc2ff4dd38e72	
City Quincy	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02169-1928		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. Peter Ashline		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 7	
Mailing Address 175 Mary Street		Transaction ID: 850da8d4ac8e4becbdf8	
City Boone	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28607-5025		FEC ID number of contributing federal political committee. C	
Name of Employer Sanger Clinic, P.A.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Timothy Bateman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 4330 Wornall Road Suite 2000		Transaction ID: 060707-VLFF1B41E3D5	
City Kansas City	State MO	Amount of Each Receipt this Period 50.00	
Zip Code 64111-5939		FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Consultant-s, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Bauman		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 670 Pine Point Drive		Transaction ID: a25c07e6d4d44c358c4c	
City Akron State OH Zip Code 44304-1473	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Summa Health System Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Paul Bejarano		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 6130 N La Cholla Boulevard Suite 2 Westside		Transaction ID: 25a3f746fcb04c01a160	
City Tucson State AZ Zip Code 85741-3557	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Prima Heart Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert Bonow		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 661 Bluff Street		Transaction ID: 5d8bbf05a7ff4090bbcd	
City Glencoe State IL Zip Code 60611-2996	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northwestern UniversityFeinberg School Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 35
	<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)
Camille Bonta

Mailing Address 1120 5th Street Northwest

City Washington State DC Zip Code 20814-1616

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

Name of Employer American College of Cardiology Occupation Legislative Policy Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 251.50

Date of Receipt
05 / 31 / 2007

Transaction ID: eaea1e514db849f9bd48

Amount of Each Receipt this Period
125.75

B. Full Name (Last, First, Middle Initial)
William Bradley

Mailing Address 210 Cornell Street Suite #101

City Plattsburgh State NY Zip Code 12901

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

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 17 / 2007

Transaction ID: aad237eb0dcd4115a9a7

Amount of Each Receipt this Period
250.00

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

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

City Naperville State IL Zip Code 60567

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 ▼ 500.00

Date of Receipt
05 / 30 / 2007

Transaction ID: 060707-VLEF1B4A719C

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	475.75
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 35
	<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)
Vincent Bufalino

Mailing Address 583 Hill Avenue

City State Zip Code
Glen Ellyn IL 60540-7430

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

Name of Employer Occupation
Midwest Heart Specialists- Edward Heart 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
05 / 05 / 2007

Transaction ID: 15b6df0542de46bfbaeb

Amount of Each Receipt this Period
250.00

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

Mailing Address 3917 Colorado Avenue

City State Zip Code
Durham NC 27715-7969

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

Name of Employer Occupation
Duke Clinical Research Institute, Duke 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
05 / 05 / 2007

Transaction ID: 4bbac8dae6c7434988b5

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Harish Chandna

Mailing Address 2104 Patterson Drive

City State Zip Code
Victoria TX 77901-5639

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
05 / 17 / 2007

Transaction ID: c81c4caa48d74a48942a

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

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

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

Full Name (Last, First, Middle Initial) A. Judah Charnoff		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 5 / 2 0 0 7
Mailing Address 1262 Ocean Parkway		Transaction ID: 88b97c1e04554a228043 Amount of Each Receipt this Period 250.00
City State Zip Code Brooklyn NY 11230-5102		
FEC ID number of contributing federal political committee. C		
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. Hollace Chastain		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address 1819 Carew Street		Transaction ID: 060707-VLFF1B4A7193 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. C		
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Anil Chhabra		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address PO Box 37388		Transaction ID: c7778105dbed40309e59 Amount of Each Receipt this Period 500.00
City State Zip Code Shreveport LA 71133-7388		
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiovascular Consultants Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Bernard Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 114 Woodland Street		Transaction ID: 060707-VLEF1B41E3E2	
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Karen Collishaw		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 2400 N Street, Northwest		Transaction ID: 060707-VLFF1B4A6FF3	
City State Zip Code Washington DC 20037-1153	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer American College of Cardiology	Occupation ADMINISTRATION		
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) C. James Faris		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 3716 Devonshire Lane		Transaction ID: be89a57f493b4739b205	
City State Zip Code Bloomington IN 47408-9654	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Internal Medicine Associates	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. James Fasules		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address Slot 512-3 Room G3005P-1 1900 Maryland		Transaction ID: 060707-VLFF1B4A6FF5 Amount of Each Receipt this Period 42.00
City Little Rock	State Zip Code AR 72202	
FEC ID number of contributing federal political committee. C		
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 ▼ 210.00	

Full Name (Last, First, Middle Initial) B. Michael Geer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 48 Rock Crest Drive		Transaction ID: 2f6f3cfa410145499ca0 Amount of Each Receipt this Period 250.00
City Signal Mountain	State Zip Code TN 37403-2149	
FEC ID number of contributing federal political committee. C		
Name of Employer Galen Medical 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	

Full Name (Last, First, Middle Initial) C. Wills Geils		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 7
Mailing Address 532 Wampler Drive		Transaction ID: b2f12e321dfe41cd9cf5 Amount of Each Receipt this Period 250.00
City Charleston	State Zip Code SC 29407-7274	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Associates of Charleston, L	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	542.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 35
	<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)
Kenneth Gibbs

Mailing Address 9250 South Tropical Trail

City Merritt Island State FL Zip Code 32901-3183

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

Name of Employer The Really Useful Cardiology Company
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
05 / 05 / 2007

Transaction ID: 2b63f6e9d0c1406c8d68

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Linda Gillam

Mailing Address 55 Old Farm Rd

City Hamden State CT Zip Code 06517-1615

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

Name of Employer Columbia University Medical Center
Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 224.00

Date of Receipt
05 / 31 / 2007

Transaction ID: d2651deba43641999ec3

Amount of Each Receipt this Period
112.00

C. Full Name (Last, First, Middle Initial)
Aasha Gopal

Mailing Address 100 Port Washington Boulevard

City Roslyn State NY Zip Code 11576-1353

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

Name of Employer St. Francis Hospital Non-invasive Lab.
Occupation ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 03 / 2007

Transaction ID: 9697c1d074ba4f218b62

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	862.00
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 15 / 35
	<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) Donald Gordon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 8681 Highlands Drive		Transaction ID: 93a6e638d7a84f0f9679	
City Trussville	State AL	Zip Code 35216-1642	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer CardioVascular Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Barbara Greenan		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 9418 Balfour Drive		Transaction ID: 8d3c2623289f4d7a8e3c	
City Bethesda	State MD	Zip Code 20814-1616	Amount of Each Receipt this Period 114.00
FEC ID number of contributing federal political committee. C			
Name of Employer American College of Cardiology	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 228.00		

C. Full Name (Last, First, Middle Initial) Thomas Hill		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 724 8th Street # 5		Transaction ID: 1706da0a50874d389151	
City Breckenridge	State MI	Zip Code 49444-1879	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer West Shore Cardiology 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		

SUBTOTAL of Receipts This Page (optional)	864.00
TOTAL This Period (last page this line number only)	

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

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

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

Full Name (Last, First, Middle Initial) A. Kenneth Jue		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 9300 Valley Children's Place		Transaction ID: 62899dbcb29945caa5e2	
City State Zip Code Madera CA 93636-8761	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Children's Hospital Central CA Department	Occupation PEDIATRIC CARD.		
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. Pritpal Kang		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 69 Coventry Road		Transaction ID: 1a68356976164ac38fce	
City State Zip Code Staten Island NY 10304-1107	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) C. Robert LaBarre		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7	
Mailing Address 1177 Summer Street, 5th Floor		Transaction ID: 0366bde3be3d41ddb4d3	
City State Zip Code Stamford CT 06905-5522	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Randall Low		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 909 Hyde Street, Suite 501		Transaction ID: 252eb85605ef45d09e15
City State Zip Code San Francisco CA 94109-4853	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	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jerre Lutz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7
Mailing Address 4627 Shiloh Ridge Trail 1365 Clifton Road Northeast		Transaction ID: 5bdf75a7bd764bfe9336
City State Zip Code Snellville GA 30322-0001	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Emory University School of MedicineDep Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Edward Martin		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 9533 S 85th East Avenue 9228 S Mingo Road Suite 200		Transaction ID: 632da7d6b6ac484f9900
City State Zip Code Tulsa OK 74133	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oklahoma Heart InstituteC-ardiovascular Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1250.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Albert Mercer		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 1120 Griffith Avenue		Transaction ID: d415918f0a5d4453b6bb	
City State Zip Code Owensboro KY 42303-3222	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Green River Heart Institute	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 1819 Carew Street		Transaction ID: 060707-VLFF1B4A719B	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Marc Mugmon		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 0 7	
Mailing Address 7193 Collingwood Court		Transaction ID: 8OM88OU66J1C1	
City State Zip Code Elkridge MD 21218-6502	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mid Atlantic Cardiovascular Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Apurva Patel		Date of Receipt MM / DD / YYYY 05 / 24 / 2007
Mailing Address 1030 North Hillpoint Boulevard		Transaction ID: 5293398920cb414b8481
City	State	
Suffolk	VA	Zip Code 23434-8272
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	

Full Name (Last, First, Middle Initial) B. George Predeteanu		Date of Receipt MM / DD / YYYY 05 / 10 / 2007
Mailing Address 6567 Greene Haven Drive		Transaction ID: cd12564ff70942e8b577
City	State	
Clarkston	MI	Zip Code 48348-4419
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid-Michigan Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sterling Reese		Date of Receipt MM / DD / YYYY 05 / 01 / 2007
Mailing Address 145 Hospital Avenue #113		Transaction ID: a0f3f279d0e747e6bffe
City	State	
Du Bois	PA	Zip Code 15801-1463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Du Bois Regional Cardiology Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Roberts		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 8231 Greencastle Drive		Transaction ID: 3713ba9f22b34995914f	
City State Zip Code Charlotte NC 28210-4209	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	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. George Rodgers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 3300 Duval Road Suite 150		Transaction ID: 060707-VLFF1B41E3D8	
City State Zip Code Austin TX 78759-3542	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Biophysical Corporation Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 760.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Felix Rogers		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 5400 Fort Street Suite 200		Transaction ID: e53b7369ff1743a4a77d	
City State Zip Code Trenton MI 48183-4636	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Downriver Cardiology Consultants Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	835.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edward Ross		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 7	
Mailing Address 5521 Surrey Hill Road		Transaction ID: 7bc4ed88ee5d46fc94a5	
City Indianapolis	State IN	Zip Code 46208-4374	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. Pillutla Sastry		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 100 Bentley Avenue		Transaction ID: d55f35cb8df743eaa25b	
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 INTERNAL MED.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. David Schaer		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 3 Quail Mews		Transaction ID: bf48d1518cee44049557	
City North Brunswick	State NJ	Zip Code 08816-4029	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Assoc of New Brunswick	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marc Scheiner		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 0 7	
Mailing Address 593 Cranbury Rd		Transaction ID: 02626-56092470884323	
City East Brunswick	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08816-4029			
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Associates of New Brunswick	Occupation Cardiologist		
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. Lyle Siddoway		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7	
Mailing Address 1001 S George Street		Transaction ID: 29aa06ae6999496a9e1f	
City York	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 17403-3676			
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiac Diagnostic Associates	Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dwayne Siu		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 26 Gloucester Court		Transaction ID: 1f34b924c1f343c298d9	
City East Brunswick	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08816-3318			
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Assoc of New Brunswick	Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
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 / 35
	<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)
Michael Sloan

Mailing Address 1000 Blythe Boulevard

City State Zip Code
Charlotte NC 28203-5812

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

Name of Employer: Carolinas Healthcare System
Division of:
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 17 / 2007

Transaction ID: c7c8a480f3224c3a9fad

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Samuel Solomon

Mailing Address 1001 South George Street

City State Zip Code
York PA 17403-3676

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

Name of Employer: Cardiac Diag. Svcs.
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2007

Transaction ID: 3c42e0f6cf4e4b5784ff

Amount of Each Receipt this Period
250.00

C. 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: Hall Garcia Cardiology Assoc. St. Luke's
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 10 / 2007

Transaction ID: dfe691c037e6479e9fa4

Amount of Each Receipt this Period
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Votaw		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 2400 N St NW		Transaction ID: 2a3df4ce2b7f4eb699aa	
City Washington	State DC	Zip Code 20037	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer American College of Cardiology	Occupation Division VP, Finance & Operations		
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. Howard Walpole		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 7	
Mailing Address 31 Northumberland		Transaction ID: 5d06492a73504edf81cb	
City Nashville	State TN	Zip Code 37205-2018	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heart Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Mary Walsh		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 428 West 83rd Place		Transaction ID: 060707-VLFF1B41E3E0	
City Indianapolis	State IN	Zip Code 46260-4905	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 ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 35
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven West		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 14171 Metropolis Avenue Suite 101		Transaction ID: 060707-VLEF1B4A6FF4	
City State Zip Code Fort Myers FL 33912-4335		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Southwest Fl		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. John Windsor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address 310 N 10th Street		Transaction ID: 060707-VLEF1B4A6FF7	
City State Zip Code Bismarck ND 58501-4516		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) C. James Yates		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 6319 Waters Edge Lane		Transaction ID: a630d77783314195a8bb	
City State Zip Code Knoxville TN 37920-2267		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Tennessee		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 26 / 35	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Shahram Yazdani

Mailing Address 878 Alvermar Ridge Drive

City State Zip Code
McLean VA 20110-4404

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

Name of Employer Occupation
Virginia Cardiovascular Associates, PC ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Date of Receipt

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

Transaction ID: 44d4a698db2c46c38e5a

Amount of Each Receipt this Period

300.00	
--------	--

Aggregate Year-to-Date ▼

300.00

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	20378.75

**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 / 35
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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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 State Zip Code
Richmond VA 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5074.27

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 45028-22639101743698

Amount of Each Receipt this Period
1238.53

Reimburse for May Disc./M-erch-ant Fees

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

Mailing Address P.O. Box 85024

City State Zip Code
Richmond VA 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5074.27

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 7

Transaction ID: 45028-03590029478073

Amount of Each Receipt this Period
318.22

Reimburse for Apr. Amex Fees

SUBTOTAL of Receipts This Page (optional)	▶	1556.75
TOTAL This Period (last page this line number only)	▶	1556.75

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

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

FOR LINE NUMBER: (check only one)

PAGE 28 / 35

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: V31581-6680719256401 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 113.76
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement May Amex Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M43716-6155816912651 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 15.32
City New Albany State OH Zip Code 43054	Purpose of Disbursement May Discover Fees Candidate Name Category/Type: 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M43716-6902429461479 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 1162.66
City Knoxville State TN Zip Code 37920	Purpose of Disbursement May 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) ► 1291.74

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 35

<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
May Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M43716-7950250506401

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

60.55

SUBTOTAL of Disbursements This Page (optional)

60.55

TOTAL This Period (last page this line number only)

1352.29

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 35

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

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

Full Name (Last, First, Middle Initial) A. Becerra for Congress		Transaction ID: 94030-2245904803276 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90026	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Xavier Becerra		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Charlie Dent for Congress		Transaction ID: 94030-6745569109916 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 442		Amount of Each Disbursement this Period 1000.00
City Allentown State PA Zip Code 18105	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Charles Dent		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Congressman Joe Barton Committee		Transaction ID: 94030-6199457049369 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 1444		Amount of Each Disbursement this Period 2500.00
City Ennis State TX Zip Code 75120	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Joe Barton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Friends of Blanche Lincoln</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 94030-1419488787651</p> <p>Date of Disbursement 05 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Friends of Carolyn McCarthy</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 94030-2488977313041</p> <p>Date of Disbursement 05 / 11 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Friends of Connie Mack</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 519</p> <p>City Naples State FL Zip Code 34106</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Connie Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 44207-4123651385307</p> <p>Date of Disbursement 05 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ► 6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 32 / 35

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

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

Full Name (Last, First, Middle Initial) A. Friends of Farr		Transaction ID: 94030-0865899920463 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Sam Farr		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hoyer for Congress		Transaction ID: 94030-7048761248588 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 5000.00
City Clinton State MD Zip Code 20735		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Steny Hoyer		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. John Sullivan for Congress Inc		Transaction ID: 94030-4564630389213 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 470840		Amount of Each Disbursement this Period 1000.00
City Tulsa State OK Zip Code 74147		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 35

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

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

Full Name (Last, First, Middle Initial) A. Kind for Congress Committee		Transaction ID: 94030-3550836443901 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 205 South 5th Avenue Suite 428		Amount of Each Disbursement this Period 2500.00
City La Crosse State WI Zip Code 54601		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Ron Kind		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. McConnell Majority Committee		Transaction ID: 94030-6976282000541 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address PO Box 75103		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20013		
Purpose of Disbursement 2007 Contribution	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. McConnell Senate Committee '08		Transaction ID: 45671-0865136981010 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address PO Box 1496		Amount of Each Disbursement this Period 5000.00
City Louisville State KY Zip Code 40201		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Mitch McConnell		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Michael Burgess for Congress		Transaction ID: 94030-2520563006401 Date of Disbursement 05 / 11 / 2007
Mailing Address PO Box 2334		Amount of Each Disbursement this Period 2500.00
City Denton State TX Zip Code 76202	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Michael Burgess		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. People for Enterprise Trade and Economic Growth		Transaction ID: 45671-1592065691947 Date of Disbursement 05 / 16 / 2007
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22306	011 Category/ Type	
Purpose of Disbursement 2007 Contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Tim Ryan for Congress		Transaction ID: 94030-2534753680229 Date of Disbursement 05 / 11 / 2007
Mailing Address 1600 Roosevelt Avenue Suite 804		Amount of Each Disbursement this Period 1000.00
City Niles State OH Zip Code 44446	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Timothy Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 35

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

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

A. Full Name (Last, First, Middle Initial)
Tom Allen for Congress Committee

Mailing Address PO Box 17766

City Portland State ME Zip Code 04112

Purpose of Disbursement
2008 Primary

Candidate Name
Thomas Allen

Office Sought: House
 Senate
 President
State: ME District: 01

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 94030-4573785662651
Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

4000.00

B. Full Name (Last, First, Middle Initial)
Voice for Freedom

Mailing Address 2814 Spring Road
Suite 103

City Atlanta State GA Zip Code 30339

Purpose of Disbursement
2007 Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2007
 Primary General
 Other (specify) ▼
2007 Contribution

011
Category/
Type

Transaction ID: 94030-9518243670463
Date of Disbursement

05 / 11 / 2007

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

47500.00