



**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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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 .....	473568.71									
(c) Total Receipts (from Line 19) .....	29787.09	110163.48								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	503355.80	511383.52								
7. Total Disbursements (from Line 31) .....	22080.10	30107.82								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	481275.70	481275.70								
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
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

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	22602.66	88702.66
(i) Itemized (use Schedule A) .....	3192.00	14466.32
(ii) Unitemized .....	25794.66	103168.98
(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) .....	25794.66	103168.98
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) .....	1992.43	4994.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2000.00	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)) .....	29787.09	110163.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29787.09	110163.48

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	2080.10	5107.82
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2080.10	5107.82
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	23000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2000.00
(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	2000.00
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))..	22080.10	30107.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	22080.10	30107.82

**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 .....	25794.66	103168.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25794.66	101168.98
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2080.10	5107.82
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1992.43	4994.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	87.67	113.32

**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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A.** Full Name (Last, First, Middle Initial)  
Arthur Agatston

Mailing Address 1691 Michigan Ave  
Ste 500

City State Zip Code  
Miami Beach FL 33139-2559

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

**Transaction ID:** 28294-02622622251510

Amount of Each Receipt this Period  
1000.00

CAPTEL

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

Mailing Address 2151 Waukegan Road #100

City State Zip Code  
Bannockburn IL 60015-1884

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

Name of Employer North Shore Cardiologists  
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  
03 / 30 / 2006

**Transaction ID:** VZMF1BB9B83D

Amount of Each Receipt this Period  
200.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 6731 Kenwood Forest Ln

City State Zip Code  
Chevy Chase MD 20815-6501

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

Name of Employer American College of Cardiology  
Occupation  
Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
251.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 47901-35407656431198

Amount of Each Receipt this Period  
251.00

ACC Staff

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1451.00
<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 / 33
	<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. Michael Arsenian</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 99A Granite Street		<b>Transaction ID: 47446-32088869810104</b>	
City State Zip Code Rockport MA 01930-2227	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Cape Ann Medical Center Dept of Cardiol	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. Duane Berkompas</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 3889 Breckinridge Dr		<b>Transaction ID: 47446-91035097837449</b>	
City State Zip Code Okemos MI 48864-3846	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Thoracic Cardiovascular 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. Alan Brown</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington Street		<b>Transaction ID: VZVF1BB9F967</b>	
City State Zip Code Naperville IL 60540-7430	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		PACWEB GENERATED CONTRIBUTION	
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<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 8 / 33
	<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 Rd

City Somerset State KY Zip Code 42503-4252

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

Name of Employer Lake Cumberland Cardiovascular Assoc  
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  
03 / 27 / 2006

Transaction ID: 24971-83268374204636

Amount of Each Receipt this Period  
1000.00

CAPTEL

**B.** 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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2006

Transaction ID: 47446-02619570493698

Amount of Each Receipt this Period  
250.00

CAPTEL

**C.** 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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

Transaction ID: VZMF1BB9F95F

Amount of Each Receipt this Period  
100.00

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<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 9 / 33
	<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)  
Vidyasagar Chodimella

Mailing Address 430 Fairway Drive

City State Zip Code  
Carrollton TX 75234-7859

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

Name of Employer Occupation  
RHD Memorial Hospital 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  
03 / 20 / 2006

**Transaction ID:** 19217-99193972349167

Amount of Each Receipt this Period  
500.00

CAPTEL

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

Mailing Address 6215 13th St. N

City State Zip Code  
Fargo ND 58122-0001

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

Name of Employer Occupation  
Fargo Clinic Department of Cardiology 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  
03 / 29 / 2006

**Transaction ID:** 85115-04237002134323

Amount of Each Receipt this Period  
500.00

PAC Invoice

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

Mailing Address 3140 Southeast Bison Road

City State Zip Code  
Bartlesville OK 74006-2441

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

Name of Employer Occupation  
Blue Stem Cardiology ADULT CARDIOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2006

**Transaction ID:** 28294-33733767271042

Amount of Each Receipt this Period  
750.00

CAPTEL

<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 10 / 33
	<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)  
Pamela Douglas

Mailing Address 4663 Mount Sinai Road

City State Zip Code  
Durham NC 27710-0001

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

Name of Employer Occupation  
Duke University Medical Center 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  
03 / 20 / 2006

**Transaction ID:** 47019-37694948911667

Amount of Each Receipt this Period  
1000.00

PAC Invoice

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

Mailing Address 4002 Westmount Drive

City State Zip Code  
Greensboro NC 27401-1231

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

Name of Employer Occupation  
Eagle Physicians, P.A. Wen-dover Medical 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  
03 / 20 / 2006

**Transaction ID:** 19217-25202578306198

Amount of Each Receipt this Period  
500.00

CAPTEL

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

Mailing Address 3716 Devonshire Ln

City State Zip Code  
Bloomington IN 47408-9654

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

Name of Employer Occupation  
Internal Medicine Associates INTERVENTIONAL CARDIOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2006

**Transaction ID:** 47901-98690432310105

Amount of Each Receipt this Period  
500.00

PAC Invoice

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<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 11 / 33
<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. Hector Fontanet</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 4816 Londonderry Drive # 336		<b>Transaction ID: 28294-94782656431199</b>	
City State Zip Code Tampa FL 33609-3395	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Florida Cardiovascular Institute	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. Kirk Garratt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address 725 9th Street Southwest		<b>Transaction ID: 47446-05158632993698</b>	
City State Zip Code Rochester MN 55905-0001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mark Gelernt</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 740 Jeffrey Rd		<b>Transaction ID: 28294-94538515806199</b>	
City State Zip Code Moorestown NJ 08057-1932	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Cardiovascular Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2000.00
<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 / 33
	<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)  
Linda Gillam

Mailing Address 80 Seymour Street

City State Zip Code  
Hartford CT 06102-8000

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

Name of Employer Occupation  
Hartford Hospital ECHOCARDIOGRAPHY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2006

Transaction ID: VZYP1BB101EB

Amount of Each Receipt this Period  
83.33

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 4680 Serenity Ln

City State Zip Code  
Idaho Falls ID 83406-8008

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2006

Transaction ID: 47019-96793764829636

Amount of Each Receipt this Period  
500.00

PAC Invoice

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

Mailing Address 724 8th Street # 5

City State Zip Code  
Breckenridge MI 49444-1879

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

Name of Employer Occupation  
West Shore Cardiology Consultants 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  
03 / 20 / 2006

Transaction ID: 19217-10641115903854

Amount of Each Receipt this Period  
250.00

CAPTEL

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	833.33
<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 13 / 33
	<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)  
Sandeep Joshi

Mailing Address 3824 Brigade Cir

City State Zip Code  
Carmel IN 46032

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

Name of Employer  
University of Kentucky Division of Car

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  
03 / 06 / 2006

**Transaction ID:** 28294-85384768247605

Amount of Each Receipt this Period  
250.00

PAC Invoice

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

Mailing Address 9400 Avers

City State Zip Code  
Evanston IL 60611-2908

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

Name of Employer  
Northwestern Memorial Hos-  
pital

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  
03 / 13 / 2006

**Transaction ID:** 47446-36433047056198

Amount of Each Receipt this Period  
250.00

CAPTEL

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

Mailing Address 301 Timber Ridge Drive

City State Zip Code  
Beckley WV 25801-3366

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 ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2006

**Transaction ID:** 47446-35776919126510

Amount of Each Receipt this Period  
1000.00

CAPTEL

<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 14 / 33
	<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. Damoder Kesireddy</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 442 W High Street		<b>Transaction ID: 47019-94660586118699</b>	
City State Zip Code Bryan OH 43506-1681	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Invoice	
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>B. Stephen Kiefer</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 1937 Whitehall St		<b>Transaction ID: 47901-46506899595261</b>	
City State Zip Code Maryville TN 37803-2817	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Invoice	
Name of Employer East Tennessee Heart Cnsl-tns PC 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>C. Andrew Klaus</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 7596 Clear Creek Court		<b>Transaction ID: 28294-88872927427292</b>	
City State Zip Code Blacklick OH 43213-1531	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
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) ▼			

<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 15 / 33
	<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. Jay Kleiman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006
Mailing Address 1875 S James Court North		<b>Transaction ID: 28294-37702578306198</b>
City State Zip Code Lake Forest IL 60045-4624	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Self-Employed Occupation Self-Employed 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>B. Perry Krichmar</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006
Mailing Address 10976 Blackhawk Street		<b>Transaction ID: 47446-05550783872604</b>
City State Zip Code Fort Lauderdale FL 33026-3200	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Self-Employed Occupation South Florida Cardiology Associates ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Vijay Kusnoor</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 2670 McFaddin St		<b>Transaction ID: 47019-21384829282760</b>
City State Zip Code Beaumont TX 77702-1621	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PAC Invoice	
Name of Employer Self-Employed Occupation Self-Employed PEDIATRIC CARD.	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<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 16 / 33
	<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. Richard Kutnick</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 92 Woodland Street		<b>Transaction ID: 28294-13293093442917</b>	
City State Zip Code Tenafly NJ 10021-0234	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
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>B. Gregory Lanza</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address PO Box 8086		<b>Transaction ID: 24971-44327944517136</b>	
City State Zip Code St. Louis MO 63156-8086	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Washington University Medical School 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>C. Jerre Lutz</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 3911 Thornridge Way		<b>Transaction ID: 85115-71000307798386</b>	
City State Zip Code Doraville GA 30340-5129	Amount of Each Receipt this Period 600.00		
FEC ID number of contributing federal political committee. <b>C</b>		PAC Invoice	
Name of Employer Emory University School of Medicine Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 600.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<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 17 / 33
	<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)  
Judy Mangion

Mailing Address 89 Copley Rd

City State Zip Code  
South Glastonbury CT 06073-2617

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

Name of Employer Occupation  
Hartford HospitalEcho Lab ECHOCARDIOGRAPHY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2006

**Transaction ID:** 47901-47886294126511

Amount of Each Receipt this Period  
250.00

PAC Invoice

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

Mailing Address 1120 Griffith Ave

City State Zip Code  
Owensboro KY 42301-2812

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

Name of Employer Occupation  
Green River Heart Institute ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2006

**Transaction ID:** 85115-46346682310104

Amount of Each Receipt this Period  
1000.00

PAC Invoice

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

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 ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2006

**Transaction ID:** VZNF1BB9F965

Amount of Each Receipt this Period  
100.00

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<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 / 33
	<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)  
Alan Pearlman

Mailing Address 4834 118th Avenue Northeast

City State Zip Code  
Kirkland WA 98195-0001

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

Name of Employer Occupation  
University of WashingtonD- ADULT CARDIOLOGY  
ivision of Ca

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2006

Transaction ID: 19217-94602602720261

Amount of Each Receipt this Period  
300.00

CAPTEL

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

Mailing Address 1820 9th St. W

City State Zip Code  
Kirkland WA 98004-4623

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

Name of Employer Occupation  
Overlake Internal Medical ADULT CARDIOLOGY  
Assoc

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2006

Transaction ID: 28294-01221865415573

Amount of Each Receipt this Period  
1000.00

PAC Invoice

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

Mailing Address 17722 Road 224

City State Zip Code  
Porterville CA 93257-3260

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 Y  
03 / 20 / 2006

Transaction ID: 19217-24767702817917

Amount of Each Receipt this Period  
500.00

CAPTEL

<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 19 / 33
	<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)  
George Rodgers

Mailing Address 2425 Westlake Dr

City State Zip Code  
Austin TX 78746-2948

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

Name of Employer Occupation  
Biophysical Corporation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2006

Transaction ID: VZNF1BB101F2

Amount of Each Receipt this Period  
85.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 2202 Blackburn Ave

City State Zip Code  
Henderson NV 89044

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

Name of Employer Occupation  
Veterans Affairs Administration 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  
03 / 13 / 2006

Transaction ID: 47446-61339968442917

Amount of Each Receipt this Period  
250.00

CAPTEL

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

Mailing Address 20 Castle Walk

City State Zip Code  
Scarsdale NY 10029-6500

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

Name of Employer Occupation  
Mount Sinai School of Medicine Division INTERVENTIONAL 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  
03 / 20 / 2006

Transaction ID: 19217-71087282896042

Amount of Each Receipt this Period  
500.00

CAPTEL

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	835.00
<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 / 33
	<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. Patrick Simpson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 13 / 2006	
Mailing Address PO Box 5098		<b>Transaction ID: 47446-54261416196823</b>	
City Pinehurst	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 28374-8749		CAPTEL	
FEC ID number of contributing federal political committee. C			
Name of Employer Pinehurst Medical Clinic	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. Narendra Singh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 6350 Haddington Lane Laurel Springs		<b>Transaction ID: 19217-58092898130417</b>	
City Suwanee	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30342-1601		CAPTEL	
FEC ID number of contributing federal political committee. C			
Name of Employer Northside Cardiology 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>C. Joseph Trask</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 5807 Country Club Dr		<b>Transaction ID: 47901-91062563657761</b>	
City Myrtle Beach	State SC	Amount of Each Receipt this Period 1000.00	
Zip Code 29577-2213		PAC Invoice	
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Gastroenterology Assocs PA	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) ..... ▶	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 21 / 33
	<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. Carlos Velez</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 767 Lakeshore Drive		<b>Transaction ID: 28294-66668337583542</b>	
City State Zip Code El Paso TX 79902-2509	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>		CAPTEL	
Name of Employer Heart & Vascular Partners	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. Michael Votaw</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 9423 Fox Hollow Dr		<b>Transaction ID: 47901-08224123716354</b>	
City State Zip Code Potomac MD 20854-2082	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>		ACC Staff	
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>C. Mary Walsh</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 8333 Naab Road Suite 400		<b>Transaction ID: VZVF1BB101F7</b>	
City State Zip Code Indianapolis IN 46260-1992	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>		PACWEB GENERATED CONTRIBUTION	
Name of Employer Indiana University Schl of Medcn	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<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 22 / 33
	<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)  
Gary Weeks

Mailing Address 3909 49th Avenue Northeast

City State Zip Code  
Seattle WA 98133-8414

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

Name of Employer Summit Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2006

**Transaction ID:** 47446-17898195981979

Amount of Each Receipt this Period  
300.00

CAPTEL

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

Mailing Address 15636 Fiddlesticks Boulevard

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 ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** VZMF1BB9F968

Amount of Each Receipt this Period  
100.00

PACWEB GENERATED CONTRIBUTION

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

Mailing Address 310 N 10th Street

City State Zip Code  
Bismarck ND 58501-4516

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

Name of Employer Heart & Lung Clinic Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2006

**Transaction ID:** VZYZF1BB9F961

Amount of Each Receipt this Period  
100.00

PACWEB GENERATED CONTRIBUTION

<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:		PAGE 23 / 33	
	(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)  
Michael Wolk

Mailing Address 876 Park Avenue

City State Zip Code  
New York NY 10021-8722

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

Name of Employer Occupation  
New York Cardiology Assoc. ADULT CARDIOLOGY

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2006

Transaction ID: VZVF1BB9F962

Amount of Each Receipt this Period  
83.33

PACWEB GENERATED CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>83.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>22602.66</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 33
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" 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)  
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 ▼  
4994.50

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

**Transaction ID:** 88587-18767946958542

Amount of Each Receipt this Period  
1634.22

Reimburse for Mar. Disc./- Merchant 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 ▼  
4994.50

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

**Transaction ID:** 88587-49857729673386

Amount of Each Receipt this Period  
358.21

Reimburse for Feb. Amex Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1992.43
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1992.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 33
	(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 checked="" 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)  
Friends of Sherrod Brown

Mailing Address 2280 Kresge Drive  
Suite 800

City Amherst State OH Zip Code 44001

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

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

**Transaction ID:** 47901-23792666196823

Amount of Each Receipt this Period  
2000.00

Refund of 9/29/2005 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2000.00

**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)

PAGE 26 / 33

<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) <b>A. American Express</b>		<b>Transaction ID:</b> V12830-4408990740776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 415.13
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement March Amex Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Discover Business Services</b>		<b>Transaction ID:</b> M55916-3143426775932 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 13.31
City New Albany State OH Zip Code 43054	Purpose of Disbursement March Discover Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		<b>Transaction ID:</b> M55916-1492883563041 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 1554.86
City Knoxville State TN Zip Code 37920	Purpose of Disbursement March Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1983.30**

**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 27 / 33

<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. Merchant Services**

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
Additional March Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M15193-0692712664604

Date of Disbursement

03 / 13 / 2006

Amount of Each Disbursement this Period

30.75

Full Name (Last, First, Middle Initial)

**B. Wachovia Bank**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
March Merchant Fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M55916-6360895037651

Date of Disbursement

03 / 02 / 2006

Amount of Each Disbursement this Period

66.05

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

96.80

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

2080.10

**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 / 33

<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. Boyd for Congress</b>		Transaction ID: 22347-6760675311088 Date of Disbursement 03 / 28 / 2006
Mailing Address PO Box 15703		Amount of Each Disbursement this Period 1000.00
City Tallahassee	State FL	
Zip Code 32317		
Purpose of Disbursement 2006 Primary		
Candidate Name F. Boyd		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 02		
Full Name (Last, First, Middle Initial) <b>B. Committe To Re-Elect Ed Towns</b>		Transaction ID: 85876-0154382586479 Date of Disbursement 03 / 03 / 2006
Mailing Address 438 Lewis Avenue		Amount of Each Disbursement this Period 1500.00
City Brooklyn	State NY	
Zip Code 11233		
Purpose of Disbursement 2006 Primary		
Candidate Name Edolphus Towns		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 10		
Full Name (Last, First, Middle Initial) <b>C. Earl Pomeroy for Congress</b>		Transaction ID: 87452-2401391863822 Date of Disbursement 03 / 27 / 2006
Mailing Address PO Box 9336		Amount of Each Disbursement this Period 1000.00
City Fargo	State ND	
Zip Code 58106		
Purpose of Disbursement 2006 Primary		
Candidate Name Earl Pomeroy		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 01		

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

3500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 33

<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. Friends of Dave Weldon</b>		Transaction ID: 87452-5246850848197 Date of Disbursement 03 / 27 / 2006
Mailing Address PO Box 968		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32902	Purpose of Disbursement 2006 Primary	
Candidate Name Dave Weldon		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. Gingrey for Congress</b>		Transaction ID: 85876-5357019305229 Date of Disbursement 03 / 03 / 2006
Mailing Address PO Box U		Amount of Each Disbursement this Period 1000.00
City Marietta State GA Zip Code 30060	Purpose of Disbursement 2006 General	
Candidate Name John Gingrey		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	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. Hulshof for Congress - District 09 Missouri</b>		Transaction ID: 87452-2095453143119 Date of Disbursement 03 / 27 / 2006
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1000.00
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2006 Primary	
Candidate Name Kenny Hulshof		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 09	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 33

<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. Inslee for Congress</b>		<b>Transaction ID:</b> 87452-8453485369682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 33027		Amount of Each Disbursement this Period 1000.00
City Seattle State WA Zip Code 98133	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Jay Inslee		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. John Shadeggs Friends</b>		<b>Transaction ID:</b> 89196-2285425066947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address PO Box 45444		Amount of Each Disbursement this Period 2000.00
City Phoenix State AZ Zip Code 85064	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name John Shadegg		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kirk for Congress</b>		<b>Transaction ID:</b> 22347-4369623064994 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address PO Box 8		Amount of Each Disbursement this Period 2000.00
City Winnetka State IL Zip Code 60093	Category/ Type	
Purpose of Disbursement 2006 General		
Candidate Name Mark Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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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) Mark Kennedy 06		<b>Transaction ID:</b> 87452-9195367693901 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 49333		Amount of Each Disbursement this Period 1000.00
City Blaine State MN Zip Code 55449	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Mark Kennedy		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Mike Thompson for Congress		<b>Transaction ID:</b> 87452-8603174090385 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95841	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Mike Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Norwood for Congress		<b>Transaction ID:</b> 87452-8783075213432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 6
Mailing Address PO Box 499		Amount of Each Disbursement this Period 1500.00
City Evans State GA Zip Code 30809	Category/ Type	
Purpose of Disbursement 2006 Primary		
Candidate Name Charlie Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Price for Congress</b>		Transaction ID: 87452-5332452654838 Date of Disbursement 03 / 27 / 2006	
Mailing Address PO Box 425		Amount of Each Disbursement this Period 1000.00	
City Roswell State GA Zip Code 30077	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Thomas Price	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Ron Lewis for Congress</b>		Transaction ID: 87452-9074823260307 Date of Disbursement 03 / 27 / 2006	
Mailing Address PO Box 307		Amount of Each Disbursement this Period 2000.00	
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name Ron Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Schwarz for Congress</b>		Transaction ID: 87452-5313836932182 Date of Disbursement 03 / 27 / 2006	
Mailing Address PO Box 2063		Amount of Each Disbursement this Period 1000.00	
City Battle Creek State MI Zip Code 49016	Purpose of Disbursement 2006 Primary	Category/ Type	
Candidate Name John Schwarz	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07		
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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 33 / 33

<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.** Tom Allen for Congress Committee

Mailing Address PO Box 17766

City Portland State ME Zip Code 04112

Purpose of Disbursement  
2006 Primary

Candidate Name  
Thomas Allen

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: ME District: 01

Transaction ID: 87452-8829767107963

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

20000.00