

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="46353.91"/>	<input type="text" value="46353.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="127960.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="40467.44"/>	<input type="text" value="288605.60"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="168427.60"/>	<input type="text" value="334959.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="92512.47"/>	<input type="text" value="259044.38"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75915.13"/>	<input type="text" value="75915.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33505.44	232887.81
(ii) Unitemized	6060.00	44540.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39565.44	277428.70
(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)	39565.44	277428.70
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).....	902.00	11176.90
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	40467.44	288605.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40467.44	288605.60

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1012.47	11252.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1012.47	11252.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91000.00	247000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	791.66
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	791.66
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	92512.47	259044.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	92512.47	259044.38

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39565.44	277428.70
34. Total Contribution Refunds (from Line 28(d))	500.00	791.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39065.44	276637.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1012.47	11252.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	902.00	11176.90
38. Net Operating Expenditures (subtract Line 37 from Line 36)	110.47	75.82

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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 H. Alexander M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : 44148E1B2F248038D56F
Mailing Address 2256 Carlyle Ct		Amount of Each Receipt this Period 250.00
City Buffalo Grove	State IL	Zip Code 60089-4695
FEC ID number of contributing federal political committee. C	Name of Employer North Shore Cardiologists, SC	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) B. Rene J. Alvarez Jr., M.D.,		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 4DC19E8B9E78FEF94F75
Mailing Address 425 McKean Dr		Amount of Each Receipt this Period 83.34
City Wexford	State PA	Zip Code 15090-7327
FEC ID number of contributing federal political committee. C	Name of Employer University of Pittsburgh Medical Cente	Occupation HEART FAILURE/TRANSPLANT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Maria H. Bartlett M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : FEF9F77A1150339578F
Mailing Address 2064 Vineville Ave		Amount of Each Receipt this Period 250.00
City Macon	State GA	Zip Code 31204-3140
FEC ID number of contributing federal political committee. C	Name of Employer Heart of Georgia 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	

SUBTOTAL of Receipts This Page (optional).....▶	583.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Neil Jeffrey Berman M.D., F.A.

Mailing Address 4 Woods End Gatewood Drive

City State Zip Code
 Needham MA 02492

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

Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 22 / 2012
Transaction ID : 16F4FD97065E87A338D

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Terence R. Bertele M.D., F.A.

Mailing Address 2737 Devonshire PI NW
 Apt 501

City State Zip Code
 Washington DC 20008-3458

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

Name of Employer Occupation
 Chesapeake & Washington Heartcare ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 22 / 2012
Transaction ID : B6CE1637DFE85A48DB1

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Kathleen Blake M.D., F.A.

Mailing Address 15 Charles Plz
 Apt 1402

City State Zip Code
 Baltimore MD 21201-3941

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

Name of Employer Occupation
 Self-Employed ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.03

Date of Receipt
 06 / 13 / 2012
Transaction ID : 400BB0A7B52D2C6E5F58

Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 58
	<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. Alfred A. Bove M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 110 Anton Rd
 City Wynnewood State PA Zip Code 19096-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Temple University Hospital Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2012
Transaction ID : 4219963FC1BD84CAA9D5
 Amount of Each Receipt this Period 100.00

B. Ralph G. Brindis M.D., M.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Monterey Blvd
 City San Francisco State CA Zip Code 94127-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Foundation Hospital Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 09 / 2012
Transaction ID : 42ABAE5D5B27C0377902
 Amount of Each Receipt this Period 100.00

C. Alan S. Brown M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 Alta Vista Ct
 City Naperville State IL Zip Code 60563-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Heart Specialists Edward Heart Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2012
Transaction ID : 4409B1C8CFE19134B196
 Amount of Each Receipt this Period 100.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Juan J. Cabanero M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4503 Stone Post Ct
 City Seneca State SC Zip Code 29678-1655
 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 ▼ 375.00

Date of Receipt 06 / 13 / 2012
Transaction ID : 9A66D479A9284227050
 Amount of Each Receipt this Period 375.00

B. Joseph G. Cacchione M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5740 Hickory Knoll Ct
 City Fairview State PA Zip Code 16415-3246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 21 / 2012
Transaction ID : 46F7975D8B159191CCDC
 Amount of Each Receipt this Period 83.34

C. Peter J. Chaille M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Chestnut Forest Cv
 City Fort Wayne State IN Zip Code 46814-8926
 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 ▼ 249.96

Date of Receipt 06 / 03 / 2012
Transaction ID : 455F91AD0A5747BA25AA
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 58
	<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. Hollace D. Chastain II, M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 Transaction ID : 40799CD5A9960FFAF093
Mailing Address 1819 Braemar Dr		Amount of Each Receipt this Period 100.00
City Fort Wayne	State IN	Zip Code 46814-9364
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 ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Richard A. Chazal M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2012 Transaction ID : 4F928F781ECC8F8DC3F7
Mailing Address 671 N Town and River Dr		Amount of Each Receipt this Period 83.33
City Fort Myers	State FL	Zip Code 33919-5931
FEC ID number of contributing federal political committee. C		
Name of Employer The Heart Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

Full Name (Last, First, Middle Initial) C. Bernard A. Clark III, M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2012 Transaction ID : 49908EDF47ED6C315077
Mailing Address 95 Johnny Cake Ln		Amount of Each Receipt this Period 50.00
City Glastonbury	State CT	Zip Code 06033-2545
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Hospital and Medical Cente	Occupation ADULT CARDIOLOGY	
Receipt For: <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).....▶	233.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 58
	<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. Lianna S. Collinge, Cae CAE, Unkn0			Date of Receipt
Mailing Address 4014 88th Ave NW			<input type="text" value="06"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 4BD0B76DFAB6024EAB3F
Gig Harbor	WA	98335-6157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.00"/>
Name of Employer	Occupation		
Washington Chapter of the ACC	ADMINISTRATION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="538.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Christopher J. Cooper M.D., F.A.			Date of Receipt
Mailing Address 28754 E River Rd			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 4C16896FE982AED87946
Perrysburg	OH	43551-2728	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="200.00"/>
Name of Employer	Occupation		
University of Toledo	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James B. Craven Jr., M.D.,			Date of Receipt
Mailing Address 105 Anna Lee Dr			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 3263D2E70FF491B5127
Dothan	AL	36303-1924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1290.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 58
	<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. George H. Crossley III, M.D.,
Full Name (Last, First, Middle Initial)

Mailing Address 276 Stratton Pl

City Brentwood State TN Zip Code 37027-4228

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

Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2012
Transaction ID : 4FE9A967514C3BF0402F

Amount of Each Receipt this Period
 250.00

B. Dino T. Damalas
Full Name (Last, First, Middle Initial)

Mailing Address 4904 Springbrook Dr

City Annandale State VA Zip Code 22003-3937

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

Name of Employer American College of Cardiology Occupation OTHER SPECIALTY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : 4308B78A864428EA10DF

Amount of Each Receipt this Period
 83.34

C. W. Daniel Doty M.D., F.A.
Full Name (Last, First, Middle Initial)

Mailing Address 2011 Whaley Ave

City Pensacola State FL Zip Code 32503-4965

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

Name of Employer Cardiology Consultants PA Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : D3F68B37089DAB3319D

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 633.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 58
	<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. Christopher R. Ellis M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 Rosa L Parks Blvd
 Apt. 330
 City Nashville State TN Zip Code 37208-2569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt Heart and Vascular Institut Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1095.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : B5D00D78B844DA24343
 Amount of Each Receipt this Period **365.00**

B. Blair D. Erb Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 Highland Blvd
 Ste 4330
 City Bozeman State MT Zip Code 59715-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiology Consultants, P.A. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **515.00**

Date of Receipt **06 / 09 / 2012**
Transaction ID : 445F8D2B1781DD5FAA8A
 Amount of Each Receipt this Period **85.00**

c. Behrooz Eshaghy M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Superior St
 Ste 303
 City Melrose Park State IL Zip Code 60160-4156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 20 / 2012**
Transaction ID : CC10A2B25F7AC840EE5
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **950.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David M. Evans M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Ashlei Ln
 City Searcy State AR Zip Code 72143-3024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 09 / 2012
Transaction ID : 470183A1246CD55A44B0
 Amount of Each Receipt this Period 100.00

B. Chester J. Falterman M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1458 Avellino Cir
 City Murfreesboro State TN Zip Code 37130-7608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 899.98

Date of Receipt 06 / 15 / 2012
Transaction ID : 4035A5E9BD9B3B13D170
 Amount of Each Receipt this Period 80.00

C. Chester J. Falterman M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1458 Avellino Cir
 City Murfreesboro State TN Zip Code 37130-7608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 899.98

Date of Receipt 06 / 25 / 2012
Transaction ID : 4B82AB0C781AA1E1BFB3
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 263.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. James W. Fasules M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2718 Stephenson Ln NW
 City Washington State DC Zip Code 20015-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.02

Date of Receipt 06 / 09 / 2012
Transaction ID : 42B88AFFB5E531D292B6
 Amount of Each Receipt this Period 166.67

B. Kevin Fitzpatrick PA-C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 N St NW Heart House
 City Washington State DC Zip Code 20037-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 13 / 2012
Transaction ID : 1E96F7EDCF32ADC6D
 Amount of Each Receipt this Period 1000.00

C. Edward T. A. Fry M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 E 71st St
 City Indianapolis State IN Zip Code 46220-1012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Care Group LLC Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2012
Transaction ID : A0E9E914A0B0A42F96B
 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2166.67
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 58
	<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. Gordon L. Fung M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1837 10th Ave # 1609
 City San Francisco State CA Zip Code 94122-4601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UCSF Medical Center at Mt. Zion Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 07 / 2012
Transaction ID : 4344A2108EDA3AC45DC2
 Amount of Each Receipt this Period 83.33

B. David A. Garza M.D., J.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 564
 City Bloomington State TX Zip Code 77951-0564
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 9AB2C49DB793844C14C
 Amount of Each Receipt this Period 250.00

C. William S. Gillen M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Little Bluff Rd
 City Newport News State VA Zip Code 23606-2817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Center Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 910BC38711BDCB4846D
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 583.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 58
<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. Michael F. Gilson M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 03 / 2012 Transaction ID : 490D81DAF42DA552E4C4
Mailing Address 100 Prospect St		Amount of Each Receipt this Period 100.00
City Providence	State RI	Zip Code 02906-1446
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Mark S. Goldfarb M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 Transaction ID : C85C90376B6D9BB4854
Mailing Address 201 Lynnwood Blvd		Amount of Each Receipt this Period 350.00
City Nashville	State TN	Zip Code 37205-2905
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Lee W. Gould M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 4B73934D4E559391BED7
Mailing Address 3865 Country Club Dr		Amount of Each Receipt this Period 83.34
City Lewiston	State ID	Zip Code 83501-9622
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional).....▶	533.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 58
<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. Vinod K. Gupta M.B.B.S.,		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 100 Willow Plz Ste 200		Transaction ID : 5BAF3400BD788ADBEC
City Visalia	State CA	Zip Code 93291-6213
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Shelley A. Hall M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2012
Mailing Address 5514 Yolanda Ln		Transaction ID : 8EA46996193F40C2612
City Dallas	State TX	Zip Code 75229-6440
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Heart Place	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. Jerome L. Hines M.D., Ph.D		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012
Mailing Address 11 Salt Creek Ln Ste 2		Transaction ID : 41BE885674921254825A
City Hinsdale	State IL	Zip Code 60521-3032
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.34	
Name of Employer Illinois Heart & Vascular	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

SUBTOTAL of Receipts This Page (optional).....▶	1583.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 58
	<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. Peter M. Hoagland M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3131 Berger Ave
 Ste 200
 City San Diego State CA Zip Code 92123-4203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer San Diego Cardiac Ctr. Medical Corporat
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 13 / 2012
Transaction ID : 678DB5FBEFFCBEBB804
 Amount of Each Receipt this Period
 750.00

B. Robert E. Hobbs M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2713 Dryden Rd
 City Shaker Heights State OH Zip Code 44122-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic
 Occupation HEART FAILURE/TRANSPLANT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 432AAA34FOA5BEB06ED0
 Amount of Each Receipt this Period
 83.34

C. David R. Holmes Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1122 21st St NE
 City Rochester State MN Zip Code 55906-4059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : 41F5807D84B08069FE0F
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....▶	916.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 58
<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. Daniel J. Humiston M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1928 Maple Hollow Way
 City Bountiful State UT Zip Code 84010-1041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Utah Cardiology, PC Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 432C9B7CEAC8DCCBB9C
 Amount of Each Receipt this Period 125.00

B. Paul G. Israel M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5019 Littlebury Rd SE
 City Huntsville State AL Zip Code 35802-1826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 35E023068D968857A35
 Amount of Each Receipt this Period 1000.00

C. Pamela A. Ivey M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Quail Run Rd
 City Henderson State NV Zip Code 89014-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Consultants of Nevada Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 489BA93BEB4CCA0CB449
 Amount of Each Receipt this Period 210.00

SUBTOTAL of Receipts This Page (optional).....▶	1335.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 58
	<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. Zev Jacobson M.D., F.A.
Full Name (Last, First, Middle Initial)

Mailing Address 34th St. and Civic Center Boulevard
Division of Cardiology -- 8th Floor

City Philadelphia State PA Zip Code 19104

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

Name of Employer Children's Hospital Cardiology Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 21 / 2012
Transaction ID : 29E921CF-2D9F-4285-

Amount of Each Receipt this Period
500.00

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

Mailing Address 18100 Mantle Ln

City Roland State AR Zip Code 72135-9715

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

Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 22 / 2012
Transaction ID : 27B6A8AAACEF5FDC287C

Amount of Each Receipt this Period
500.00

c. Suraj G. Kamat M.D., F.A.
Full Name (Last, First, Middle Initial)

Mailing Address 1500 Encino Ave

City Alice State TX Zip Code 78332-4079

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

Name of Employer Alice Heart Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 13 / 2012
Transaction ID : D415192C9A1973CODE3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 58
	<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. John Joseph Kelly III, M.D.,		Date of Receipt
Mailing Address 1 Centurian Dr Ste 200		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2012
City Newark	State DE	Zip Code 19713-2150
FEC ID number of contributing federal political committee. C		Transaction ID : F4FDB4B1AAE6798E828
Name of Employer ABBY Medical Center		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		250.00
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. Kevin J. Kelly M.D., F.A.		Date of Receipt
Mailing Address 4405 Old Mill Rd		M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2012
City Fort Wayne	State IN	Zip Code 46807-2551
FEC ID number of contributing federal political committee. C		Transaction ID : 9A4B1B51DB41E3FADFE
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

Full Name (Last, First, Middle Initial) c. Damoder R. Kesireddy M.D., F.A.		Date of Receipt
Mailing Address 442 W High St		M M M / D D D / Y Y Y Y Y Y 06 / 22 / 2012
City Bryan	State OH	Zip Code 43506-1681
FEC ID number of contributing federal political committee. C		Transaction ID : 2C9BDC0BC8C7E924F0C
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 58
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Paul A. Kirschbaum M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 13 / 2012 Transaction ID : D3A78A5C5D6F9434968
Mailing Address 2001 Grand Prix Dr NE		Amount of Each Receipt this Period 250.00
City Atlanta	State GA	Zip Code 30345-3931
FEC ID number of contributing federal political committee. C	Name of Employer Atlanta Heart 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) B. Steven E. Kornberg M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 18 / 2012 Transaction ID : 499EBDDABC8CABB9D4D
Mailing Address 10 E New York Ave Ste 2		Amount of Each Receipt this Period 41.66
City Somers Point	State NJ	Zip Code 08244-2367
FEC ID number of contributing federal political committee. C	Name of Employer Shore Heart Consultants, LLC	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.96	

Full Name (Last, First, Middle Initial) C. Vijay S. Kusnoor M.B.B.S.,		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 08C11BED639BC4CFC03
Mailing Address 3570 College St		Amount of Each Receipt this Period 1000.00
City Beaumont	State TX	Zip Code 77701-4683
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation PEDIATRIC CARD.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1291.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 58
	<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. Gilead I. Lancaster M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Mine Hill Rd
 City Redding State CT Zip Code 06896-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bridgeport Hospital Dept of Echo Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 21 / 2012**
Transaction ID : 41BFB8668AE3E0F4397A
 Amount of Each Receipt this Period **100.00**

B. Leonard Lefkovic M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Callan Ave
 City Staten Island State NY Zip Code 10304-1304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Island Medical Specialists, PLLC Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 4FDD2506393117AB810
 Amount of Each Receipt this Period **250.00**

C. Stamatios Lerakis M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1365 Clifton Rd NE
 City Atlanta State GA Zip Code 30322-1013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emory Clinic, Inc. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 51E5B9B3586D6EAA127
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 58
	<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. Thomas J. Lewandowski M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Limekiln Dr
 City Neenah State WI Zip Code 54956-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appleton Cardiology ThedaCare Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 21 / 2012
Transaction ID : 408E95DAC793405E7455
 Amount of Each Receipt this Period 150.00

B. Sandra J. Lewis M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5342 SW Hewett Blvd
 City Portland State OR Zip Code 97221-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Cardiovascular Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.04

Date of Receipt 06 / 09 / 2012
Transaction ID : 49D2A5D321C3BB0BEF6E
 Amount of Each Receipt this Period 83.34

C. Sanjay Malhotra M.B.B.S.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1603 Liege Dr
 City Henderson State NV Zip Code 89012-7240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 02 / 2012
Transaction ID : 3201A849-A698-4D3C-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 733.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 58
	<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. Margo B. Minissian ACNP-BC, M		Date of Receipt
Mailing Address 444 S San Vicente Blvd Ste 600		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Los Angeles	State CA	Zip Code 90048-4174
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 40718776CDEF2CBBFEB4
Name of Employer Cedars Sinai Heart Institute Womens He	Occupation PREVENTIVE CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.34"/>
	<input type="text" value="1041.70"/>	

Full Name (Last, First, Middle Initial) B. Carlos Eduardo Morales M.D., F.A.		Date of Receipt
Mailing Address 1801 S 5th St Ste 130		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City McAllen	State TX	Zip Code 78503-2915
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9713DB8502220E6075
Name of Employer Cardiovascular Constntns of McAllen PA	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Marc A. Mugmon M.D., F.A.		Date of Receipt
Mailing Address 7193 Collingwood Ct		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Elkridge	State MD	Zip Code 21075-5548
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 468597AD90CE56AF0E88
Name of Employer Chesapeake CardioVascular Associates	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.34"/>
	<input type="text" value="500.04"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="541.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 58
	<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. Mark T. Murphy M.D., B.Ch			Date of Receipt
Mailing Address 5109 Nicholas Creek Circle			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : CF7D18B211E2ECED5A9
Wilmington	NC	28409	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Louis M. Papandrea M.D., F.A.			Date of Receipt
Mailing Address 7 Durham Ct			<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 4AC36BE122ED02973A9
Delmar	NY	12054-3839	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Capital Cardiology Associates Corporat	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Ted M. Parris M.D., F.A.			Date of Receipt
Mailing Address 7600 Central Ave Ste 100			<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 757FE6E6721D0833164
Philadelphia	PA	19111-2442	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="365.00"/>
Name of Employer	Occupation		
Self-Employed	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1115.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 58
	<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. Himanshu M. Patel M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 Forest Meadow Road
 City State Zip Code
 Rome GA 30165
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2012
Transaction ID : 38C6CF8C-94A0-411C-
 Amount of Each Receipt this Period
 250.00

B. John W. Pickrell M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 Elkhorn Valley Dr
 City State Zip Code
 Casper WY 82609-4620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wyoming CardioPulmonary CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 510.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 48D5BDCC5DE07AE04C68
 Amount of Each Receipt this Period
 85.00

C. David J. Pinnelas M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hopi Ct
 City State Zip Code
 Manalapan NJ 07726-4628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Shore Heart Group INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 391.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2012
Transaction ID : 43C1B764F9A144A426ED
 Amount of Each Receipt this Period
 70.00

SUBTOTAL of Receipts This Page (optional).....	405.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 58
	<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. Markus Porkert M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 2913EB9618623DA9C0C
Mailing Address 234 Superior Ave		Amount of Each Receipt this Period 500.00
City Decatur	State GA	Zip Code 30030-1815
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. James B. Powers M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 4020855C00A71C3EA3C4
Mailing Address 11 Bowdoin Dr		Amount of Each Receipt this Period 100.00
City Falmouth	State ME	Zip Code 04105-2557
FEC ID number of contributing federal political committee.	C	
Name of Employer Maine Cardiology Associates	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. Joseph M. Restivo M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 Transaction ID : 7BBADB0F13273F7853E
Mailing Address 137 Lethbridge Cir		Amount of Each Receipt this Period 500.00
City Copley	State OH	Zip Code 44321-1361
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	

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

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

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

FOR LINE NUMBER: PAGE 32 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Michael E. Ring M.D., F.A.
 Mailing Address 122 W 7th Ave
 Ste 450
 City State Zip Code
 Spokane WA 99204-2339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Heart Clinics Northwest INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2012
Transaction ID : 4ACDB2C64C1A34E1D7D4
 Amount of Each Receipt this Period
 83.34

Full Name (Last, First, Middle Initial)
B. Kevin G. Robinson M.D., F.A.
 Mailing Address 1220 Fairacres Rd
 City State Zip Code
 Jenkintown PA 19046-2912
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2012
Transaction ID : 2ECB9F12E8D31075A49
 Amount of Each Receipt this Period
 300.00

Full Name (Last, First, Middle Initial)
C. George P. Rodgers M.D., F.A.
 Mailing Address 11673 Jollyville Rd
 Ste 205-B
 City State Zip Code
 Austin TX 78759-4200
 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 ▼
 416.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2012
Transaction ID : 4DCE8F702811D624F185
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 466.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 58
	<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. J. James Rohack M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 22 / 2012
Mailing Address 4409 Leonard Rd		Transaction ID : 29B2ACAB36BAA9EACAD
City Bryan	State TX	Zip Code 77807-9553
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Scott & White Clinic and Hospital	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. David A. Rosenbaum M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2012
Mailing Address 3625 Cherry Plum Dr		Transaction ID : 4886BB8D34D1C9DFA83C
City Colorado Springs	State CO	Zip Code 80920-2826
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.34	
Name of Employer Pikes Peak Cardiology	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.04	

Full Name (Last, First, Middle Initial) c. John S. Rumsfeld M.D., Ph.D		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 25 / 2012
Mailing Address 250 S Dahlia St		Transaction ID : 4066AB74DE5132BDA1C6
City Denver	State CO	Zip Code 80246-1049
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Denver VA Medical Center, University o	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional).....▶	541.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 58
	<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. Harvey N. Sacks M.D., F.A.		Date of Receipt
Mailing Address 4 Ascot Mnr NW		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2012"/>
City	State	Zip Code
Atlanta	GA	30327-4246
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 8D82A519A570E755234
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michele P. Sartori M.D., F.A.		Date of Receipt
Mailing Address 2102 Rice Blvd		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Houston	TX	77005-1639
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : FD1CA2522050CC6A1A8
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="750.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. C. Richard Schott M.D., F.A.		Date of Receipt
Mailing Address 10 Todmorden Dr Ste 2400		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Rose Valley	PA	19086-6727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : BCD65231-C66E-44C0-
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiology Consultants of Philadelphia	ADULT CARDIOLOGY	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 58
	<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. Michael K. Schroyer RN, A.A.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9065 Pebblepoint Cir
 City Zionsville State IN Zip Code 46077-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Vincent Heart Center of Indiana Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **528.00**

Date of Receipt **06 / 15 / 2012**
Transaction ID : 47EC8BC34D7EF3459DD0
 Amount of Each Receipt this Period **88.00**

B. Ahmad B. Shahbandar M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 656 Springview Dr
 City Rochester State MI Zip Code 48307-6071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Consultants P.C. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 28 / 2012**
Transaction ID : 4DC58331D418CE1291D7
 Amount of Each Receipt this Period **125.00**

C. Narendra Singh M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 Haddington Ln
 City Johns Creek State GA Zip Code 30024-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Heart Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **541.66**

Date of Receipt **06 / 09 / 2012**
Transaction ID : 4183940812276FF1C03C
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **313.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 58
	<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. Peter N. Smith M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N Oak Ave
 City Marshfield State WI Zip Code 54449-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marshfield Clinic Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 500C908EC14BBD88640
 Amount of Each Receipt this Period **300.00**

B. Michael J. Springer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Cardiologists Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt **06 / 25 / 2012**
Transaction ID : 46C385207A0097299A83
 Amount of Each Receipt this Period **41.66**

C. Howard M. Staniloff M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 E Hardy St Ste 215
 City Inglewood State CA Zip Code 90301-4089
 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 **900.00**

Date of Receipt **06 / 22 / 2012**
Transaction ID : 3DBA9F23F98E1B5E80C
 Amount of Each Receipt this Period **400.00**

SUBTOTAL of Receipts This Page (optional)..... **741.66**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 37 OF 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. John S. Strobel M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 E Olcott Blvd
 City Bloomington State IN Zip Code 47401-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Internal Medicine Associates Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 22 / 2012
Transaction ID : C342AE3D214DB3F9971
 Amount of Each Receipt this Period 250.00

B. David B. Stultz M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10841 Waterbury Ridge Ln
 City Centerville State OH Zip Code 45458-6059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southwest Cardiology Inc. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 22 / 2012
Transaction ID : 7912A5FF1684546F1EF
 Amount of Each Receipt this Period 1000.00

C. Brian Taschner M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11103 Sierra Palm Ct
 City Fort Myers State FL Zip Code 33966-5754
 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 06 / 22 / 2012
Transaction ID : 90813C9AA7412435A9E
 Amount of Each Receipt this Period 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 58
	<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. Suma A. Thomas M.D., F.A.		Date of Receipt 06 / 28 / 2012 Transaction ID : 4845AAE6EFC8FB1CF8C2
Mailing Address 7620 Old Georgetown Rd Apt 1214		Amount of Each Receipt this Period 208.34
City Bethesda	State MD	Zip Code 20814-6182
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 ▼ 625.02	

Full Name (Last, First, Middle Initial) B. Krishnaswami Vijayaraghavan M.B.B.S.		Date of Receipt 06 / 21 / 2012 Transaction ID : 49B5B3D5CAFEE5DF9C8D
Mailing Address 2817 E Ludlow Dr		Amount of Each Receipt this Period 83.34
City Phoenix	State AZ	Zip Code 85032-5665
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 ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Juan Villafane M.D., F.A.		Date of Receipt 06 / 01 / 2012 Transaction ID : 449991A6E42512BE9167
Mailing Address 1400 Willow Ave 1205		Amount of Each Receipt this Period 83.34
City Louisville	State KY	Zip Code 40204-2506
FEC ID number of contributing federal political committee. C	Name of Employer Self-Employed	Occupation PEDIATRICS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	375.02
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 58
<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. Thad F. Waites M.D., F.A.			Date of Receipt MM / DD / YYYY 06 / 21 / 2012 Transaction ID : 41679BC1DBF26576E4D0
Mailing Address 1017 Richburg Rd			Amount of Each Receipt this Period 83.34
City Hattiesburg	State MS	Zip Code 39402-9055	
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Heart Center	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.04		

Full Name (Last, First, Middle Initial) B. Howard T. Walpole Jr., M.D.,			Date of Receipt MM / DD / YYYY 06 / 09 / 2012 Transaction ID : 48C1AAA613D37DC6E711
Mailing Address 31 Northumberland			Amount of Each Receipt this Period 416.67
City Nashville	State TN	Zip Code 37215-4123	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.02		

Full Name (Last, First, Middle Initial) C. Mary Norine Walsh M.D., F.A.			Date of Receipt MM / DD / YYYY 06 / 29 / 2012 Transaction ID : 4853A9963E2F58FFD796
Mailing Address 428 W 83rd Pl			Amount of Each Receipt this Period 100.00
City Indianapolis	State IN	Zip Code 46260-4905	
FEC ID number of contributing federal political committee. C			
Name of Employer St Vincent Heart Center of Indiana	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <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).....▶	600.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 58
	<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. John Jason West M.D.
Full Name (Last, First, Middle Initial)

Mailing Address 3322 NW Panorama Dr

City Bend State OR Zip Code 97701-5461

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

Name of Employer Bend Memorial Clinic Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 06 / 11 / 2012
Transaction ID : 4456AA07B430C54BD6FF

Amount of Each Receipt this Period 41.66

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

Mailing Address 3701 S Poplar Dr

City Columbus State IN Zip Code 47201-4972

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

Name of Employer St. Vincent Medical Group Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2012
Transaction ID : 484397C3AC2FE2EC00B6

Amount of Each Receipt this Period 41.67

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

Mailing Address 2753 NE Red Oak Dr

City Bend State OR Zip Code 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 29 / 2012
Transaction ID : 4D65BAB58630A6901D98

Amount of Each Receipt this Period 83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 58
	<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. Kim Allan Williams Sr., M.D.,		Date of Receipt
Mailing Address 3990 John R St # 4		M M M / D D D / Y Y Y Y Y Y 06 / 14 / 2012
City State Zip Code Detroit MI 48201-2018	FEC ID number of contributing federal political committee. C	Transaction ID : 2D0A7CCC-358F-432D-
Name of Employer Wayne State University School of Medic	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period 1000.00
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. Michael J. Wolk M.D., M.A.		Date of Receipt
Mailing Address 876 Park Ave		M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2012
City State Zip Code New York NY 10075-1832	FEC ID number of contributing federal political committee. C	Transaction ID : 4ADEA1B8ADB4546CC5DE
Name of Employer New York Cardiology Associates	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Richard F. Wright M.D., F.A.		Date of Receipt
Mailing Address 1038 S Carmelina Ave		M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2012
City State Zip Code Los Angeles CA 90049-5810	FEC ID number of contributing federal political committee. C	Transaction ID : 42039FCD217C780323DA
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period 250.00
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).....▶	1375.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 58
	<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. Lambert A. Wu M.D., F.A.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 19 / 2012 Transaction ID : 4B6080D0366000579533
Mailing Address 1524 NW Grove Ave		Amount of Each Receipt this Period 83.34
City Topeka	State KS	Zip Code 66606-1234
FEC ID number of contributing federal political committee. C	Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) B. Janet Fredal Wyman MSN, NP, A		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2012 Transaction ID : 4C8B82540F50C494B335
Mailing Address 960 Westchester Rd		Amount of Each Receipt this Period 83.34
City Grosse Pointe Park	State MI	Zip Code 48230-1830
FEC ID number of contributing federal political committee. C	Name of Employer Henry Ford Hospital	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.04	

Full Name (Last, First, Middle Initial) C. Loran Yehudai M.D., F.A.		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 05 / 2012 Transaction ID : B27282B3-7C1C-4C71-
Mailing Address 700 NE 87th Ave Ste 210		Amount of Each Receipt this Period 1000.00
City Vancouver	State WA	Zip Code 98664-1913
FEC ID number of contributing federal political committee. C	Name of Employer The Vancouver Clinic	Occupation INTERVENTIONAL 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).....▶	1166.68
TOTAL This Period (last page this line number only).....▶	33505.44

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

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

FOR LINE NUMBER: PAGE 44 OF 58
(check only one)

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

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

A. American College of Cardiology - Admin Account

Full Name (Last, First, Middle Initial)
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 ▼
11176.90

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	14	/	2012

Transaction ID : 9EB6E6236E05A25B1F1

Amount of Each Receipt this Period
902.00

Reimbursement for May Amex Fees and June Merchant Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	902.00
TOTAL This Period (last page this line number only).....▶	902.00

**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)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
June 2012 Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VAB1F9F76EF0E6A03D52

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
June 2012 Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : MD59032805CF36CFE708

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2012

Mailing Address 700 13th Street, NW
Suite 600

Transaction ID : BCDF40B224B5A0E615D

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
2012 Contribution

011
Category/ Type

Candidate Name

AMERIPAC: The Fund for a Greater America

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2012

Mailing Address PO Box 261060

Transaction ID : A9AE86D9BBADFA5A1C0

City Los Angeles State CA Zip Code 90026

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
2012 Primary

011
Category/ Type

Candidate Name

Xavier Becerra

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: CA District: 34

Full Name (Last, First, Middle Initial)

C. Benishek for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2012

Mailing Address PO Box 108

Transaction ID : 8B03CB55B39C61A722E

City Gladstone State MI Zip Code 49837

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
2012 Primary

011
Category/ Type

Candidate Name

Daniel J. Benishek

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) Contribution

State: MI District: 01

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

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

9000.00

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**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. Bill Cassidy for Congress

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
2012 Primary

011

Candidate Name

William Cassidy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : **BC2E73FE446663043D7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Cantor for Congress

Mailing Address PO Box 17813

City State Zip Code
Richmond VA 23226

Purpose of Disbursement
2012 General

011

Candidate Name

Eric Ivan Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : **AF8F50EF1A1C2F6F7B4**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City State Zip Code
Lafayette LA 70598

Purpose of Disbursement
2012 Primary

011

Candidate Name

Charles W. Boustany Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : **F30EB74F338E67E0301**

Amount of Each Disbursement this Period

2500.00

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)

<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. Charles Boustany Jr. MD for Congress, Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Charles W. Boustany Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : FCDECE48F81E2071085

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd., #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Henry A. Waxman

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : 41EE69AC0EE869A42EF

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Crowley for Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : 46E32F83BDEAD8BCEF4

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	.	0	0
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**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. Dave Camp for Congress

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name
Dave Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : 70BC049DE82DB57B782

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name
Diane Black

Office Sought: House
 Senate
 President
State: TN District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : C3F1E6DB44BFB6AF3BE

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name
S. Brett Guthrie

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : D8CF45DC304D9100018

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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**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. Hoyer for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

011

Candidate Name

Steny H. Hoyer

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : 01B09E9C86A6BE7B1FF

Amount of Each Disbursement this Period

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

B. John D. Dingell for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

011

Candidate Name

John D. Dingell

Category/
Type

Office Sought: House
 Senate
 President
State: MI District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : F2EA009EFAF97F48A60

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. John Sullivan for Congress, Inc

Mailing Address Post Office Box 470840

City Tulsa State OK Zip Code 74147

Purpose of Disbursement
2012 Primary

011

Candidate Name

John A. Sullivan

Category/
Type

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : AA3F608F8382135F80B

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

9	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

9	0	0	0	0	0	0	0	0	0
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**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. Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2012 Primary

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 5AB5ECEAB897F41776C

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Lance for Congress

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
2012 Primary

011

Candidate Name

Leonard Lance

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 07

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : B4C228E6D3F9837B2C8

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement
2012 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : A1030412E8A639FA130

Amount of Each Disbursement this Period

2500.00

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lynn Jenkins for Congress

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : 38C995D3A2B3F99ACF0

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress, Inc.

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : 70C23B49913E3D2CD37

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Michael Clifton Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : B852AC059ACAC3FE08D

Amount of Each Disbursement this Period

2500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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. Mike Thompson for Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Michael C. Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : 95E563FC24570C932A7

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Nancy Pelosi for Congress

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : 1D257902DE99D7B28DA

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Olson for Congress Committee

Mailing Address PO Box 16381

City Sugar Land State TX Zip Code 77496

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Peter Graham Olson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : DA1E8CA86020466F63B

Amount of Each Disbursement this Period

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

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

9	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Mailing Address PO Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Fortney H. Pete Stark

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 7C618D06BE916A93528

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Peters for Congress

Mailing Address PO Box 21535

City State Zip Code
Detroit MI 48221

Purpose of Disbursement
2012 Primary

011

Category/
Type

Candidate Name

Gary C. Peters

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 14

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2012

Transaction ID : 3B8B1E6190D25693052

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Thomas E. Price M.D.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 9F4147E7BCEF20D0013

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Richard E Neal for Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement
2012 General

011

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : 75EDB6E43E5CEFAF05A

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rogers for Congress

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
2012 General

011

Candidate Name

Mike Rogers

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 08

Date of Disbursement

MM / DD / YYYY
06 / 28 / 2012

Transaction ID : 4D65B6FC0B24D7B6A7E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rush Holt for Congress

Mailing Address PO Box 782

City Pennington State NJ Zip Code 08534

Purpose of Disbursement
2012 General

011

Candidate Name

Rush Dew Holt Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2012

Transaction ID : 8946487D43725CD34A8

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Ryan for Congress

Mailing Address PO Box 1488

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
2012 Primary

011

Candidate Name

Paul Ryan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2012

Transaction ID : 346269EE3B7553CAE80

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Schock for Congress

Mailing Address PO Box 10555

City State Zip Code
Peoria IL 61612

Purpose of Disbursement
2012 General

011

Candidate Name

Aaron Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : 69520CDF9CCBB9BD1FF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Upton for All of Us

Mailing Address PO Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
2012 General

011

Candidate Name

Fredrick Stephen Upton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : A1E4A451A1DFEC38DCA

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

John M. Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	2

Transaction ID : D7C47F476DFFefd4D87

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Edward Whitfield

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

Transaction ID : BEFD946E610368BB7A5

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lee W. Jordan M.D., F.A.

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

City Columbus State OH Zip Code 43214-3908

Purpose of Disbursement
Refund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 216CC2EB343BB81F834

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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