

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American College of Cardiology Political Action Committee

ADDRESS (number and street) 9111 Old Georgetown Road Bethesda MD 20814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00375360 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 02 01 2006 through 02 28 2006

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

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 03 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		401220.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	432627.45									
(c) Total Receipts (from Line 19)	46579.88	80376.39								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	479207.33	481596.43								
7. Total Disbursements (from Line 31)	5638.62	8027.72								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	473568.71	473568.71								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	38700.00	66100.00
(i) Itemized (use Schedule A)	5949.66	11274.32
(ii) Unitemized	44649.66	77374.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	44649.66	77374.32
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)	1930.22	3002.07
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	46579.88	80376.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46579.88	80376.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1638.62	3027.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1638.62	3027.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	2000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	1000.00	2000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5638.62	8027.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5638.62	8027.72

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	44649.66	77374.32
34. Total Contribution Refunds (from Line 28(d))	1000.00	2000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	43649.66	75374.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1638.62	3027.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	1930.22	3002.07
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-291.60	25.65

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

Mailing Address 2151 Waukegan Road #100

City State Zip Code
Bannockburn IL 60015-1884

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

Name of Employer Occupation
North Shore Cardiologists ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2006

Transaction ID: VZYP1ABEF5C9

Amount of Each Receipt this Period
200.00

PACWEB GENERATED CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
Richard Ansinelli

Mailing Address 301 Turnberry Point

City State Zip Code
Barboursville WV 25504-1948

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

Name of Employer Occupation
Huntington Internal Medcl Grp INTERVENTIONAL CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 59213-47175234556198

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Ajay Bali

Mailing Address 2230 Woodridge Trail

City State Zip Code
Murfreesboro TN 37129-1237

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

Name of Employer Occupation
VA Medical Center ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 19789-63677614927292

Amount of Each Receipt this Period
500.00

CAPTEL

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 36
	<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. Jayant Barai		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 345 Henry St Ste 105		Transaction ID: 81977-75671023130417
City State Zip Code Orange NJ 07050-2577	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bryan Beck		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 235 Dux Landing		Transaction ID: 29390-63540285825730
City State Zip Code Cape Girardeau MO 63703-4927	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Cardiovascular Consultants Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer Ray Beckman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 20824 Tall Forest Dr Ste 101		Transaction ID: 28016-06948488950729
City State Zip Code Germantown MD 20876-6045	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	PAC Invoice	
Name of Employer Maryland Chapter of the ACC Occupation Chapter Administrator	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 36
	<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. Charles Bethea		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 1249 Glenbrook Dr		Transaction ID: 81977-69128054380417	
City State Zip Code Oklahoma City OK 73118-1057	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Cardiovascular Clinic	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. Bruce Boros		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 3401 Northside Dr		Transaction ID: 19789-34624880552292	
City State Zip Code Key West FL 33040	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Cardiovascular Center of Excellence	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Patrick Breaux		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 1317 Killdeer St		Transaction ID: 28016-50710695981979	
City State Zip Code New Orleans LA 70122-2233	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		PAC Invoice	
Name of Employer New Orleans Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 36
	<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. Thomas Brown		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 510 S 26th St		Transaction ID: 80710-81602114439011	
City State Zip Code West Des Moines IA 50265-6457	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		PAC Invoice	
Name of Employer Iowa Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Russell Burns		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 7303 Deann Cir		Transaction ID: 80710-02006167173385	
City State Zip Code Amarillo TX 79121-1806	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		PAC Invoice	
Name of Employer Amarillo Diagnostic Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Floyd Casaday		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 70 Bradley Ct		Transaction ID: 80710-30007570981979	
City State Zip Code Indiana PA 15701-2309	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		PAC Invoice	
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL 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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 36
	<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. George Castro		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 107 Governors Creek		Transaction ID: 19789-45136660337448	
City State Zip Code Orangeburg SC 29118-8204	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel Choo		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 1476 Alta Mesa Way		Transaction ID: 19789-02326601743698	
City State Zip Code Brea CA 91745-6827	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Michael Cinquegrani		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 14755 Ridgemoor Drive		Transaction ID: 59213-42826479673386	
City State Zip Code Elm Grove WI 53226-3522	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Occupation Medical College of WisconsinCardiology INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Peter Cohn

Mailing Address 27 Bouton Rd

City State Zip Code
Huntington NY 11743-1046

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

Name of Employer
State University of New YorkHealth Sci

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 80710-37929934263229

Amount of Each Receipt this Period
250.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)
Victor Corrigan

Mailing Address 1199 Bellaire Drive

City State Zip Code
Atlanta GA 30342-1701

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

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 90269-23624819517135

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Louie Coulis

Mailing Address 1414 North Taylor Dr

City State Zip Code
Sheboygan MI 53081

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

Name of Employer
Coulis Cardiology

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 19789-68748110532761

Amount of Each Receipt this Period
1000.00

CAPTEL

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Pamela Craven

Mailing Address 7506 Northwest 23rd Street

City State Zip Code
Bethany OK 73112-2089

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

Name of Employer Oklahoma Cardiovascular Assoc.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 81977-65128725767136

Amount of Each Receipt this Period
500.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
Luis Diaz-Barrios

Mailing Address 65th Infantry Station

City State Zip Code
Rio Piedras PR 00929

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

Name of Employer Self Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 19789-17277163267135

Amount of Each Receipt this Period
500.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Milton English

Mailing Address 7015 W Mercer Way

City State Zip Code
Mercer Island WA 98104-2120

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

Name of Employer Seattle Cardiology
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 90269-76826113462448

Amount of Each Receipt this Period
250.00

CAPTEL

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 20 E Cedar Apt. 6A

City State Zip Code
Chicago IL 60637-1447

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

Name of Employer
University of Chicago, Section of Card

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: 92730-53818911314011

Amount of Each Receipt this Period
250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
Richard Fogel

Mailing Address 2550 Sutton Place Drive

City State Zip Code
Carmel IN 46032-9494

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

Name of Employer
Care Group, LLC

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 21 / 2006

Transaction ID: 80710-49746340513229

Amount of Each Receipt this Period
500.00

PAC Invoice

C. Full Name (Last, First, Middle Initial)
Stefanie Fry

Mailing Address 2154 Ridgecrest Dr

City State Zip Code
Boise ID 83712-6672

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

Name of Employer
Idaho Cardiology Associates

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2006

Transaction ID: 48021-49480837583542

Amount of Each Receipt this Period
1000.00

PAC Invoice

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 36
	<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. Gordon Fung		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 789 Vallejo St		Transaction ID: 81977-08199709653854	
City State Zip Code San Francisco CA 94133-3834	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer UCSF Medical Center at Mt. Zion	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Aaron Gindea		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 800 Community Dr Floor 2		Transaction ID: 19789-79180544614792	
City State Zip Code Manhasset NY 11030	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Community Cardiology PC	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. Ronald Gulotta		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address #10 La Colline Drive		Transaction ID: 81977-75997561216355	
City State Zip Code Mill Neck NY 11576-1353	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		CAPTEL	
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) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 36
	<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. Stephen Gulotta		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address Elm Court		Transaction ID: 81977-66018313169480	
City State Zip Code Sands Point NY 11576-1353	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jack Hall		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 6421 W 96th St		Transaction ID: 80710-70225161314011	
City State Zip Code Zionsville IN 46077-9303	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	PAC Invoice		
Name of Employer The Care Group, LLC Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. James Heger		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 3235 N Washington Road		Transaction ID: 29390-62258547544479	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 1122 21st Street, Northeast

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Occupation
Mayo Clinic ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-77376955747605

Amount of Each Receipt this Period
250.00

CAPTEL

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

Mailing Address 13630 Maple Avenue Apt. 2F

City State Zip Code
Flushing NY 11355-3867

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
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 90269-52996462583542

Amount of Each Receipt this Period
250.00

CAPTEL

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

Mailing Address 106 Fair Oaks Ln

City State Zip Code
Greenwood SC 29646-9273

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

Name of Employer Occupation
Piedmont Cardiology Assoc ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: 80710-84286135435105

Amount of Each Receipt this Period
250.00

PAC Invoice

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 36
	<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. Aleksey Kamenetsky		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 312 Links Drive West		Transaction ID: 59213-63053530454636
City State Zip Code Oceanside NY 11572-5623	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00	CAPEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Keller		Date of Receipt MM / DD / YYYY 02 / 06 / 2006
Mailing Address 5855 S Forest St		Transaction ID: 28016-14361208677292
City State Zip Code Greenwood Village CO 80121-2142	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Aurora Denver Cardiology Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00	CAPEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Kevin Kelly		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 4405 Old Mill Rd		Transaction ID: 80710-85448855161667
City State Zip Code Fort Wayne IN 46807-2551	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 36
	<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. Stephen Kiefer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6
Mailing Address 1937 South Whitehall Street		Transaction ID: 48021-76820009946823
City State Zip Code Maryville TN 37804-5126	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		PAC Invoice
Name of Employer East Tennessee Heart Cnsl- tnts PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Marc Klapholz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 30 West 60th Street Apartment 9A		Transaction ID: 80710-67283266782761
City State Zip Code New York NY 07103-2757	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		PAC Invoice
Name of Employer University of Medicine and Dentistry o	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. Christopher Lang		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 457 Williams Street		Transaction ID: 81977-36886233091354
City State Zip Code Denver CO 80205-5437	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CAPTEL
Name of Employer Colorado Permanente Medic- al GroupDept	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 36
	<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. Arthur Lee		Date of Receipt MM / DD / YYYY 02 / 13 / 2006
Mailing Address 16573 Olympic View Road Northwest		Transaction ID: 59213-02959841489791
City State Zip Code Silverdale WA 98310-2623	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Kitsap Cardiology Consultants, PLLC	Occupation ADULT CARDIOLOGY	CAPTEL
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. Roger Leonard		Date of Receipt MM / DD / YYYY 02 / 06 / 2006
Mailing Address 11706 Split Tree Circle		Transaction ID: 28016-76827639341355
City State Zip Code Potomac MD 20832-1514	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Montgomery General Hospitals	Occupation ADULT CARDIOLOGY	CAPTEL
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey Leppo		Date of Receipt MM / DD / YYYY 02 / 21 / 2006
Mailing Address 9 Lori Court		Transaction ID: 80710-11617678403854
City State Zip Code Worcester MA 01608	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00
Name of Employer BMC Medical Arts Complex-Division of Ca	Occupation ADULT CARDIOLOGY	PAC Invoice
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	900.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 / 36
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Barry Lewis Mailing Address 25806 Island Lake Drive City State Zip Code Novi MI 48336-5966 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6 Transaction ID: 59213-18998354673385 Amount of Each Receipt this Period 1000.00 CAPTEL
Name of Employer: Cardiovascular Clinical Assocs PC Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Stephen Lichtenberg Mailing Address 16 Barnard Ave City State Zip Code Poughkeepsie NY 12601-4920 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Transaction ID: 29390-25855654478073 Amount of Each Receipt this Period 500.00 CAPTEL
Name of Employer: The Heart Center Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Sanford Lubetkin Mailing Address 7737 Southwest Fwy Ste 780 City State Zip Code Houston TX 77074-1888 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 81977-33913820981979 Amount of Each Receipt this Period 250.00 CAPTEL
Name of Employer: Cardiology of Houston 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)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Michael McMullan

Mailing Address 206 Devander Run

City State Zip Code
Ridgeland MS 39157-9709

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

Name of Employer Occupation
Univ. of Mississippi Med. Ctr. Division ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-31740969419479

Amount of Each Receipt this Period
250.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)
Lawrence Mendelson

Mailing Address 537 W Wayne Ave

City State Zip Code
Wayne PA 19087-3863

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

Name of Employer Occupation
CARDIOLOGY ASSOCIATES OF SOUTHEAST PEN ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-94906252622605

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Robert Middleton

Mailing Address 33113 3rd Court Southwest

City State Zip Code
Federal Way WA 98001-4939

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

Name of Employer Occupation
Cardiovascular Consultants Inc. P.S. ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: 92730-39272707700729

Amount of Each Receipt this Period
1000.00

CAPTEL

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 36
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ronald Miller

Mailing Address 23755 Woodlynne Drive

City State Zip Code
Bingham Farms MI 48025-3400

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

Name of Employer
CONSULTANTS AND CARDIOLOGY

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-25002688169479

Amount of Each Receipt this Period
250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
Pradip Morbia

Mailing Address 415 Kings Row

City State Zip Code
Port Neches TX 77651-5400

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

Name of Employer
Gulf Coast Cardiology Group PA

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 59213-85676211118698

Amount of Each Receipt this Period
1000.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Efstathios Naum

Mailing Address 12303 N Woodfield

City State Zip Code
Thiensville WI 53051-2810

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

Name of Employer
Advanced Healthcare, SC

Occupation
INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 29390-24435061216354

Amount of Each Receipt this Period
250.00

CAPTEL

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 36
	<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. Charles Orr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 9590 Hunt Club Rd		Transaction ID: 80710-15453737974167
City State Zip Code Zionsville IN 46077-8452	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	PAC Invoice	
Name of Employer Occupation The Care Group, LLC ADULT CARDIOLOGY	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Joseph Parrish		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6
Mailing Address 205 PAGE RD		Transaction ID: 28016-82708376646042
City State Zip Code PINEHURST NC 28374	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Occupation Pinehurst Med. Clin., Inc. ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Raj Patcha		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6
Mailing Address 172 E Main St		Transaction ID: 19789-88824099302292
City State Zip Code Huntington NY 11743	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	CAPTEL	
Name of Employer Occupation Huntington Heart Center ADULT CARDIOLOGY	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 36
	<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. J. Mario Pyles		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 17525 River Ave		Transaction ID: 81977-54975527524948	
City Noblesville	State IN	Zip Code 46062-8528	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Hamilton Heart Inc.	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. J. William Richardson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 1230 Valentine Dr		Transaction ID: 80710-11655825376510	
City Dubuque	State IA	Zip Code 52003-0282	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		PAC Invoice	
Name of Employer Medical Assocs Clinic P C	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. William Ricks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 17480 High St		Transaction ID: 59213-79975527524948	
City Los Gatos	State CA	Zip Code 95030-6200	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Heart Associates of Northern Californi	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Mark Sanz		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 3122 Martinwood Road		Transaction ID: 92730-21868532896042
City State Zip Code Missoula MT 59802-4015	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CAPTEL
Name of Employer International Heart Institute of Montana	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Michele Sartori		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 2102 Rice Boulevard		Transaction ID: 92730-62791079282761
City State Zip Code Houston TX 77030-2308	Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		CAPTEL
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 ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Irving Schwartz		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 1 / 2 0 0 6
Mailing Address 910 Broadway Suite D		Transaction ID: 92730-95783632993699
City State Zip Code Quincy IL 62301	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CAPTEL
Name of Employer Heart Specialists of Quincy	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) ▶	1300.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 36
	<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. Ashok Sharma		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6	
Mailing Address 11 Coltsfoot Gln		Transaction ID: 90269-86350649595261	
City State Zip Code Saddle River NJ 07458-2701		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Valley Regional Medical Center Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. M. Eugene Sherman		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 5110 South Hanover Way		Transaction ID: 92730-55970400571823	
City State Zip Code Englewood CO 80011-6742		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer Aurora Medical Associates, PC Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Chittur Sivaram		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1616 Boomer Trail North		Transaction ID: 29390-67841738462448	
City State Zip Code Edmond OK 73126-0901		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		CAPTEL	
Name of Employer University of Oklahoma & DVA Medical C Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 36
	<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. Edward Steinmetz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 5258 Windridge Dr		Transaction ID: 80710-48991030454636	
City State Zip Code Indianapolis IN 46226-1448	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	PAC Invoice		
Name of Employer Occupation The Care Group, LLC ADULT CARDIOLOGY	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Richard Terry		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 8 Highland Park		Transaction ID: 48021-69457644224167	
City State Zip Code Wheeling WV 26003-5406	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	PAC Invoice		
Name of Employer Occupation Self-Employed ADULT CARDIOLOGY	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Paul Urban		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 2875 Southwest 53rd Street		Transaction ID: 92730-97452944517136	
City State Zip Code Ocala FL 34474-4000	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	CAPTEL		
Name of Employer Occupation Ocala Interventional Cardiology INTERVENTIONAL CARDIOLOGY	Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
C. Michael Valentine

Mailing Address 1925 Parkland Drive

City Lynchburg State VA Zip Code 24505-2749

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

Name of Employer Cardiovascular Assocs of Central VA In Occupation ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-96841067075730

Amount of Each Receipt this Period
500.00

PAC Invoice

B. Full Name (Last, First, Middle Initial)
N. Andrew Vaughan

Mailing Address 3905 Kanawha Avenue, Southeast

City Charleston State WV Zip Code 25304-1232

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

Name of Employer Charleston Cardiology Group, PLLC Occupation ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 27 / 2006

Transaction ID: 29390-50179690122604

Amount of Each Receipt this Period
250.00

CAPTEL

C. Full Name (Last, First, Middle Initial)
Diane Wallis

Mailing Address 3825 Highland Ave Ste 400

City Downers Grove State IL Zip Code 60515-1562

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 90269-63160341978073

Amount of Each Receipt this Period
500.00

CAPTEL

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) L. Wann Mailing Address 4776 North Cumberland Boulevard City State Zip Code Whitefish Bay WI 53226-4362 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 6 Transaction ID: 28016-23243349790573 Amount of Each Receipt this Period 500.00 CAPTEL
Name of Employer Occupation Wisconsin Heart and Vascular Clinics ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Taylor Weatherbee Mailing Address 924 Knights Bridge Rd City State Zip Code Maryville TN 37803-1956 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6 Transaction ID: 80710-38978213071823 Amount of Each Receipt this Period 500.00 PAC Invoice
Name of Employer Occupation East Tennessee Heart Consultants, P.C. ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Harvey White Mailing Address 1020 El Pueblo Rd NW City State Zip Code Albuquerque NM 87114-1203 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6 Transaction ID: 48021-35271853208542 Amount of Each Receipt this Period 500.00 PAC Invoice
Name of Employer Occupation New Mexico Heart Institute ADULT CARDIOLOGY Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 36
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Kim Williams

Mailing Address 16437 South Maryland Avenue

City State Zip Code
South Holland IL 60637

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

Name of Employer Sections of Cardiology and Nuclear Med
Occupation **ADULT CARDIOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

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

Transaction ID: 19789-14628237485885

Amount of Each Receipt this Period
500.00

CAPEL

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

Mailing Address 425 W 3rd Ave Ste 600

City State Zip Code
Albany GA 31701-1961

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

Name of Employer Cardiology Associates
Occupation **ADULT CARDIOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: 28016-25567263364792

Amount of Each Receipt this Period
250.00

CAPEL

C. Full Name (Last, First, Middle Initial)
Seth Worley

Mailing Address 1525 Hillcrest Road

City State Zip Code
Lancaster PA 17603-2994

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

Name of Employer The Heart Group
Occupation **ADULT CARDIOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

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

Transaction ID: 59213-83944338560105

Amount of Each Receipt this Period
1000.00

CAPEL

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 36
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
James Yates

Mailing Address 6319 Waters Edge Lane

City State Zip Code
Knoxville TN 37920-2267

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

Name of Employer University of Tennessee Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2006

Transaction ID: 92730-75312441587448

Amount of Each Receipt this Period
250.00

CAPTEL

B. Full Name (Last, First, Middle Initial)
James Yopp

Mailing Address 4634 Quail High Boulevard

City State Zip Code
Morrisville NC 27103-7106

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

Name of Employer Salem Medical Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2006

Transaction ID: 28016-19288271665573

Amount of Each Receipt this Period
1000.00

CAPTEL

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	38700.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 36
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3002.07

Date of Receipt

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

Transaction ID: 15430-4106103778854

Amount of Each Receipt this Period
1280.41

Reimburse for Feb. Disc/M-erchant Fees

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3002.07

Date of Receipt

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

Transaction ID: 15430-42988222837448

Amount of Each Receipt this Period
649.81

Reimburse for Jan. Amex Fees

SUBTOTAL of Receipts This Page (optional)	▶	1930.22
TOTAL This Period (last page this line number only)	▶	1930.22

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

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

FOR LINE NUMBER: (check only one)

PAGE 33 / 36

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: V55916-5041772723197 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 358.21
City Phoenix State AZ Zip Code 85072-3852		
Purpose of Disbursement February Amex Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M19878-5190393328666 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 2.09
City New Albany State OH Zip Code 43054		
Purpose of Disbursement February Discover Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M19878-7491571307182 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 1144.46
City Knoxville State TN Zip Code 37920		
Purpose of Disbursement February Merchant Fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1504.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 34 / 36

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
February Merchant Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M19878-2023431658744

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2006

Amount of Each Disbursement this Period

133.86

SUBTOTAL of Disbursements This Page (optional)

133.86

TOTAL This Period (last page this line number only)

1638.62

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Battle Born Political Action Committee		Transaction ID: 92707-0095636248588 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 1155 21st St NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement 2006 Contribution Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Transaction ID: 59365-2476465106010 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address PO Box 8331		Amount of Each Disbursement this Period 1000.00
City Fremont State CA Zip Code 94537	Purpose of Disbursement 2006 Primary Candidate Name Pete Stark Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Schwarz for Congress		Transaction ID: 92707-3141290545463 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address PO Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016	Purpose of Disbursement 2006 Primary Candidate Name John Schwarz Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	3000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ganpat Thakker

Mailing Address 3100 Maccorkle Ave SE
Ste 902

City Charleston State WV Zip Code 25304-1234

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 13172-31071108579635

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00