

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2400 N St NW
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 02 2010 in the State of
(d) 30-Day **Post**-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

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 Carlton G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 10 21 2010

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

Office Use Only								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	68894.49									
(c) Total Receipts (from Line 19)	11204.56	393931.10								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	80099.05	604481.06								
7. Total Disbursements (from Line 31)	42837.42	567219.43								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37261.63	37261.63								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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)	10230.81	322837.02
(ii) Unitemized	973.75	61491.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)	11204.56	384328.14
(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)	11204.56	384328.14
12. Transfers From Affiliated/Other Party Committees	0.00	1955.83
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)	0.00	7625.78
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	21.35
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))	11204.56	393931.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11204.56	393931.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1472.42	11396.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1472.42	11396.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	554993.32
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	365.00	830.05
(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))	365.00	830.05
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))..	42837.42	567219.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42837.42	567219.43

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 25

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)	11204.56	384328.14
34. Total Contribution Refunds (from Line 28(d))	365.00	830.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10839.56	383498.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1472.42	11396.06
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	7625.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1472.42	3770.28

**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 / 25
	<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) Norman S. Abbott, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 06 / 2010
Mailing Address 2626 Tampa Rd Ste 104		Transaction ID: 1233EE52068B2001BB2
City Palm Harbor	State FL	Zip Code 34684-3110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
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 ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Bruce Mark Abramowitz, M.D., F.A.		Date of Receipt MM / DD / YYYY 10 / 04 / 2010
Mailing Address 10837 S Cicero Ave Ste 200		Transaction ID: 333EC1F51544E782503
City Oak Lawn	State IL	Zip Code 60453-6459
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Consultants South Subur	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Costa Andreou, M.B., B.Ch		Date of Receipt MM / DD / YYYY 10 / 12 / 2010
Mailing Address 210 Keyhole Ct		Transaction ID: B5044134-69AA-4BE1-
City Cramerton	State NC	Zip Code 28032-1626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mid Carolina Cardiology P.A.	Occupation INTERVENTIONAL 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)	▶	865.00
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 7 / 25
(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)
Andrew D. Beamer, M.D., F.A.

Mailing Address 42 Oakland Pl

City State Zip Code
Summit NJ 07901-3482

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

Name of Employer Occupation
Summit Medical Group ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
10 / 04 / 2010

Transaction ID: 214A7AF8-4C71-4EAB-

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
George R. Bousamra, M.D., F.A.

Mailing Address 2538 Middle Rd

City State Zip Code
Glenshaw PA 15116-2817

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
10 / 06 / 2010

Transaction ID: 59FDEBA31C3D23CB77C

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City State Zip Code
San Francisco CA 94127-2554

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

Name of Employer Occupation
Oakland Kaiser Medical Center INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
10 / 02 / 2010

Transaction ID: 45AB9DDCDBE8457C89CE

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **965.00**

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 8 / 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Matthew J. Budoff, M.D., F.A.		Date of Receipt
	Mailing Address 1124 W Carson St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Torrance	CA	90502-2006
	FEC ID number of contributing federal political committee. C		Transaction ID: 5A61D0B062A141D5D89
Name of Employer Los Angeles Biomedical Research Instit		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 ▼ 500.00	<input type="text"/> 500.00

B.	Full Name (Last, First, Middle Initial) Joseph G. Cacchione, M.D., F.A.		Date of Receipt
	Mailing Address 5740 Hickory Knoll Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 2 / 2 0 1 0
	City	State	Zip Code
	Fairview	PA	16415-3246
	FEC ID number of contributing federal political committee. C		Transaction ID: 40CB80F4B1967DB1D2C2
Name of Employer St. Vincent Health Center		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 ▼ 756.00	<input type="text"/> 84.00

C.	Full Name (Last, First, Middle Initial) Craig S. Cameron, M.D., F.A.		Date of Receipt
	Mailing Address 10606 S Fulton Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Tulsa	OK	74137-7094
	FEC ID number of contributing federal political committee. C		Transaction ID: BFE773404FFABEA7719
Name of Employer Oklahoma Heart Institute		Occupation ELECTROPHYSIOLOGY	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 ▼ 365.00	<input type="text"/> 365.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 949.00
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 9 / 25
	<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) Tyson C. Cobb, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 12270 Marlow Ave	Transaction ID: C4F30E8C69D4F47726A
	City State Zip Code Tustin CA 92782-1124	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Todd S. Cohen, D.O., F.A.	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 1640 Route 88 Ste 201	Transaction ID: 24021590950AC722E4A
	City State Zip Code Brick NJ 08724-3068	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shore Cardiology Consultants Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Evelyn J. Cusack, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 39 Ridge Rd	Transaction ID: 5B70B64F4405406914F
	City State Zip Code Weston CT 06883-2106	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northern Westchester Cardiology Assoc Occupation CLINICAL CARDIOLOGY/GENERAL 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)	▶	865.00
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 10 / 25
	<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) Sharon M. Dailey, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 4469 Fredericksburg Dr	Transaction ID: 53E4D450A584EF125E1
	City State Zip Code Birmingham AL 35213-1838	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Michael Scott Emery, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 04 / 2010
	Mailing Address 150 Reserve Dr	Transaction ID: 46AFF582-68F7-4085-
	City State Zip Code Piedmont SC 29673-6733	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Carolina Cardiology Consultants, P.A. 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	

C.	Full Name (Last, First, Middle Initial) James W. Fasules, M.D., F.A.	Date of Receipt MM / DD / YYYY 10 / 07 / 2010
	Mailing Address 6 Cascades Dr	Transaction ID: 49E39B49C5E4BAA51753
	City State Zip Code Little Rock AR 72212-3306	Amount of Each Receipt this Period 222.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 558.00	

SUBTOTAL of Receipts This Page (optional)	837.00
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 11 / 25
(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)
Kevin Fitzpatrick, PA-C

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 ▼ 840.00

Date of Receipt 10 / 12 / 2010
Transaction ID: 4F74B9E3528E2C3CA33C
Amount of Each Receipt this Period 84.00

B.

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

Mailing Address 100 Prospect St

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: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 03 / 2010
Transaction ID: 44299B3982D8315518A6
Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
G. Stephen Greer, M.D., F.A.

Mailing Address 9501 Lile Dr
Ste 600

City Little Rock State AR Zip Code 72205-6231

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

Name of Employer Arkansas Cardiology, P.A. Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 23FAE1D87C9A44A9589
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1184.00

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 12 / 25
(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)
J. Clay Hays, Jr., M.D.,

Mailing Address 970 Lakeland Dr
Ste 61

City Jackson State MS Zip Code 39216-4634

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

Name of Employer Jackson Heart Clinic PA Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 5F58B179FCFF6AD1D63
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
James B. Lam, M.D., F.A.

Mailing Address 142 Winter Quarters Dr

City Houma State LA Zip Code 70360-2510

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

Name of Employer Cardiovascular Institute of the South Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2010
Transaction ID: 08177A6AE30A1FF0A7E
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Steven G. Lloyd, M.D., F.A.

Mailing Address 5949 Crestwood Cir

City Birmingham State AL Zip Code 35212-4033

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

Name of Employer The University of Alabama at Birmingham Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 05 / 2010
Transaction ID: 2A4968AD-18A7-4D30-
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1115.00

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 13 / 25
(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. Full Name (Last, First, Middle Initial)
J. Brent Muhlestein, M.D., F.A.
 Mailing Address 5121 Cottonwood St
J.L. Sorenson Heart and Lung Cente
 City Murray State UT Zip Code 84107-5701
 Date of Receipt 10 / 04 / 2010
Transaction ID: A678619C4777CFE5749
 Amount of Each Receipt this Period 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intermountain Medical CenterCardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
David J. Pinnelas, M.D., F.A.
 Mailing Address 2 Hopi Ct
 City Manalapan State NJ Zip Code 07726-4628
 Date of Receipt 10 / 06 / 2010
Transaction ID: 46F8A4CA62B47FD9F801
 Amount of Each Receipt this Period 41.66
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Shore Heart Group Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 416.60

C. Full Name (Last, First, Middle Initial)
Michael D. Pressel, M.D., F.A.
 Mailing Address 26 Sparks Farm Rd
 City Sparks Glencoe State MD Zip Code 21152-9300
 Date of Receipt 10 / 13 / 2010
Transaction ID: BA87B44094CC9469426
 Amount of Each Receipt this Period 365.00
 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 ▼ 365.00

SUBTOTAL of Receipts This Page (optional) ► 906.66
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 14 / 25
(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)
Felix J. Rogers, D.O., F.A.

Mailing Address 5400 Fort St
Ste 200

City State Zip Code
Trenton MI 48183-4636

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

Name of Employer Downriver Cardiology Consultants
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Transaction ID: B7056B02109BB922129

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David A. Rosenbaum, M.D., F.A.

Mailing Address 2835 Halley's Court

City State Zip Code
Colorado Springs CO 80906-1067

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

Name of Employer Pikes Peak Cardiology
Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

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

Transaction ID: 4B91B2ECB97ED58B1D8C

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Timothy J. Shanahan, D.O., F.A.

Mailing Address 8714 Spur Ln

City State Zip Code
Easton MD 21601-1202

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

Name of Employer Chesapeake Cardiology
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

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

Transaction ID: 4C5187953B7F41C3E3A0

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ► **354.16**

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 15 / 25
(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)
Narendra Singh, M.D., F.A.

Mailing Address 6350 Haddington Ln

City State Zip Code
Johns Creek GA 30024-5304

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

Name of Employer Occupation
Atlanta Heart Specialists ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.60

Date of Receipt: 10 / 09 / 2010
Transaction ID: 4876B1746A615826F2BA
Amount of Each Receipt this Period: 41.66

B. Full Name (Last, First, Middle Initial)
Richard W. Snyder, M.D., F.A.

Mailing Address 5514 Yolanda Ln

City State Zip Code
Dallas TX 75229-6440

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

Name of Employer Occupation
Heart Place INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 10 / 05 / 2010
Transaction ID: 42B89B1BABAE06E1935E
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Sergio Sokol, M.D., F.A.

Mailing Address 755 Golf Dr

City State Zip Code
Valley Stream NY 11581-3520

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

Name of Employer Occupation
Broadway Cardiopulmonary, P.C. ECHOCARDIOGRAPHY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 10 / 04 / 2010
Transaction ID: 8BC590B40EA0A0BC0DC
Amount of Each Receipt this Period: 365.00

SUBTOTAL of Receipts This Page (optional) ► 656.66

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 16 / 25
(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)
Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main St
Ste 205

City State Zip Code
Cape May Court Hou NJ 08210-2264

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

Name of Employer Cape Shore Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.30

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

Transaction ID: 4FFD81372AC6F902EC08

Amount of Each Receipt this Period
83.33

B.

Full Name (Last, First, Middle Initial)
Lynn Swisher, M.D., F.A.

Mailing Address 111 Highgate Pl

City State Zip Code
Ithaca NY 14850-1431

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

Name of Employer Ithaca Cardiology Assoc Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

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

Transaction ID: 4D129FD4CA171E8E1835

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Theodore S. Takata, M.D., F.A.

Mailing Address 1300 W Terrell Ave
Ste 500

City State Zip Code
Fort Worth TX 76104-2810

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

Name of Employer Consultants in Cardiology Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: 46C0CE13D02DA273588

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **783.33**

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 17 / 25
	(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) Howard T. Walpole, Jr., M.D.,		Date of Receipt
Mailing Address 31 Northumberland		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 1 0
City	State	Zip Code
Nashville	TN	37215-4123
FEC ID number of contributing federal political committee.		Transaction ID: 4AC2A0AA1233369B674
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 500.00
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 4000.00

B.

Full Name (Last, First, Middle Initial) Richard F. Wright, M.D., F.A.		Date of Receipt
Mailing Address 1038 S Carmelina Ave		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 2 / 2 0 1 0
City	State	Zip Code
Los Angeles	CA	90049-5810
FEC ID number of contributing federal political committee.		Transaction ID: 41FD82C520CCDEF63A85
<input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 250.00
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
		<input type="text"/> 2700.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10230.81

**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 18 / 25

<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

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: MBFEF5E77D08F10181CD

Date of Disbursement

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

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

1472.42

Purpose of Disbursement
October Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

1472.42

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

1472.42

**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 19 / 25

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

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

<p>A. Full Name (Last, First, Middle Initial) Bera for Congress</p> <p>Mailing Address Post Office Box 582496</p> <p>City Elk Grove State CA Zip Code 95758</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Ameriash Bera</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 908AC729C36F28B93A9</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Blaine for Congress 2010</p> <p>Mailing Address PO Box 25</p> <p>City Holts Summit State MO Zip Code 65043</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name W. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 442852EBD8925BF129F</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Canseco for Congress</p> <p>Mailing Address 10004 Wurzbach Road #366</p> <p>City San Antonio State TX Zip Code 78230</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Francisco Raul Quico Canseco</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BA839174ED329904687</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 / 25

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

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

A. Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy <hr/> Mailing Address 151 Linden Road <hr/> City Mineola State NY Zip Code 11501 <hr/> Purpose of Disbursement 2010 General Candidate Name Carolyn McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C4845A4109409572976 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Jack Kingston <hr/> Mailing Address PO Box 2133 <hr/> City Savannah State GA Zip Code 31402 <hr/> Purpose of Disbursement 2010 General Candidate Name Jack Kingston <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 300F57CDCF39D4FFA19 Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 General Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B872EE149F8762376C6 Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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 21 / 25

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

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

<p>A. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address PO Box 3314</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BE845EC513D92CE0A16</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Lance for Congress</p> <p>Mailing Address PO Box 225</p> <p>City Colonia State NJ Zip Code 07067</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: DFF64C4DF05F418E042</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Mica for Congress</p> <p>Mailing Address PO Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 38D5B198B60662849AB</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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)

PAGE 22 / 25

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

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

<p>A. Full Name (Last, First, Middle Initial) Mica for Congress</p> <p>Mailing Address PO Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John L. Mica</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7FEACB7A647EC4EE7F1</p> <p>Date of Disbursement 10 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mikulski for Senate Committee</p> <p>Mailing Address PO Box 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 363E78719F3D68B466E</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Peters for Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield Hills State MI Zip Code 48303</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Gary C. Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A6A2115E2C35908642F</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

<p>A. Full Name (Last, First, Middle Initial) Richard E Neal for Congress Committee</p> <p>Mailing Address 76 Magnolia Terrace</p> <p>City Springfield State MA Zip Code 01108</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Richard E. Neal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90D8710DA0D5CED041B</p> <p>Date of Disbursement 10 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A78C7CC6CE56FB0859C</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Van Hollen for Congress</p> <p>Mailing Address 10537 St. Paul St.</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Chris Van Hollen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: C9F630CD70B4E0F7422</p> <p>Date of Disbursement 10 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 25

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

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

A. Full Name (Last, First, Middle Initial) Victory Now PAC <hr/> Mailing Address 10605 Concord St. -- Ste. 202 <hr/> City Kensington State MD Zip Code 20895 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Victory Now PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 0BAF42F6F9DF7A803E2 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Zack Space for Congress Committee <hr/> Mailing Address 726 Sixteenth Street NE <hr/> City Massillon State OH Zip Code 44646 <hr/> Purpose of Disbursement 2010 General Candidate Name Zachary T. Space <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6F3DBA3FFA0A6F47571 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

41000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 25 / 25

<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

A.

Full Name (Last, First, Middle Initial)

Srinivas Prasad, M.D., F.A.

Mailing Address 6695 Arroyo Dr

City Viera State FL Zip Code 32940-8514

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 5D1150706634F68ACD7

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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