

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		46353.91
(b) Cash on Hand at Beginning of Reporting Period.....	61039.35	
(c) Total Receipts (from Line 19)	28325.27	348186.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89364.62	394540.68
7. Total Disbursements (from Line 31).....	19648.39	324824.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	69716.23	69716.23
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: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23525.45	282682.03
(ii) Unitemized	3611.09	51357.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27136.54	334039.51
(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)	27136.54	334039.51
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).....	1188.73	13647.26
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	28325.27	348186.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28325.27	348186.77

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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1148.39	13616.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1148.39	13616.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	309000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	2208.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	2208.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	19648.39	324824.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19648.39	324824.45

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	27136.54	334039.51
34. Total Contribution Refunds (from Line 28(d))	500.00	2208.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26636.54	331831.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1148.39	13616.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1188.73	13647.26
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-40.34	-31.14

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 45
	<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. Jesse E. Adams III, M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 Isleworth Dr
 Ste 400
 City Louisville State KY Zip Code 40245-5221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Cardiologists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt 08 / 31 / 2012
Transaction ID : 47BDAF7A92BB561D605B
 Amount of Each Receipt this Period 41.67

B. Jay H. Alexander M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2256 Carlyle Ct
 City Buffalo Grove State IL Zip Code 60089-4695
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Shore Cardiologists, SC Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 08 / 30 / 2012
Transaction ID : 40F1A0ECA1EE03C6DC0D
 Amount of Each Receipt this Period 250.00

C. Rene J. Alvarez Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 425 McKean Dr
 City Wexford State PA Zip Code 15090-7327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Pittsburgh Medical Cente Occupation HEART FAILURE/TRANSPLANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 08 / 21 / 2012
Transaction ID : 4E4DBA408955A2570AE4
 Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.01
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
	<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. Richard A. Chazal M.D., F.A.		Date of Receipt 08 / 07 / 2012 Transaction ID : 4E6E8351BC2EF78B6CA1
Mailing Address 671 N Town and River Dr		Amount of Each Receipt this Period 83.33
City Fort Myers	State FL	Zip Code 33919-5931
FEC ID number of contributing federal political committee. C	Name of Employer The Heart Group	
Occupation ADULT CARDIOLOGY		Aggregate Year-to-Date ▼ 583.31
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bernard A. Clark III, M.D.,		Date of Receipt 08 / 29 / 2012 Transaction ID : 44568F3A960B5682782C
Mailing Address 95 Johnny Cake Ln		Amount of Each Receipt this Period 50.00
City Glastonbury	State CT	Zip Code 06033-2545
FEC ID number of contributing federal political committee. C	Name of Employer St. Francis Hospital and Medical Cente	
Occupation ADULT CARDIOLOGY		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Barry S. Clemson M.D., F.A.		Date of Receipt 08 / 28 / 2012 Transaction ID : 1B6FFFC8-F00F-4A27-
Mailing Address 500 University Dr Heart and Vascular Institute		Amount of Each Receipt this Period 100.00
City Hershey	State PA	Zip Code 17033-2360
FEC ID number of contributing federal political committee. C	Name of Employer Penn State Hershey Medical Center	
Occupation ADULT CARDIOLOGY		Aggregate Year-to-Date ▼ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	233.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
<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. Barry S. Clemson M.D., F.A.		Date of Receipt 08 / 28 / 2012 Transaction ID : F55906C0-9D6B-409C-
Mailing Address 500 University Dr Heart and Vascular Institute		Amount of Each Receipt this Period 100.00
City Hershey	State Zip Code PA 17033-2360	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Penn State Hershey Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Barry S. Clemson M.D., F.A.		Date of Receipt 08 / 28 / 2012 Transaction ID : F7C8E2D9-600B-4947-
Mailing Address 500 University Dr Heart and Vascular Institute		Amount of Each Receipt this Period 100.00
City Hershey	State Zip Code PA 17033-2360	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Penn State Hershey Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Barry S. Clemson M.D., F.A.		Date of Receipt 08 / 28 / 2012 Transaction ID : F8E40CD9-6E20-479B-
Mailing Address 500 University Dr Heart and Vascular Institute		Amount of Each Receipt this Period 100.00
City Hershey	State Zip Code PA 17033-2360	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Penn State Hershey Medical Center	Occupation ADULT CARDIOLOGY	
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).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
	<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lianna S. Collinge, Cae CAE, Unkn0		Date of Receipt
Mailing Address 4014 88th Ave NW		<input type="text" value="08"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code
Gig Harbor	WA	98335-6157
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4F079D0D29C06A68B976
Name of Employer	Occupation	Amount of Each Receipt this Period
Washington Chapter of the ACC	ADMINISTRATION	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="718.00"/>	

Full Name (Last, First, Middle Initial) B. George H. Crossley III, M.D.,		Date of Receipt
Mailing Address 276 Stratton Pl		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Brentwood	TN	37027-4228
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41BB848476F1545F7BF7
Name of Employer	Occupation	Amount of Each Receipt this Period
St. Thomas Heart	ELECTROPHYSIOLOGY	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Dino T. Damalas		Date of Receipt
Mailing Address 4904 Springbrook Dr		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
Annandale	VA	22003-3937
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4405A2C47C37E23372D5
Name of Employer	Occupation	Amount of Each Receipt this Period
American College of Cardiology	OTHER SPECIALTY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="423.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. George D. Dangas M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address Cardiovascular Institute (Box 1030)
 City New York State NY Zip Code 10029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mount Sinai Medical Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : 00E83D8E-E96A-4E2E-
 Amount of Each Receipt this Period **500.00**

B. Blair D. Erb Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 905 Highland Blvd Ste 4330
 City Bozeman State MT Zip Code 59715-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiology Consultants, P.A. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **685.00**

Date of Receipt **08 / 09 / 2012**
Transaction ID : 4610BF558E6E1CA9A842
 Amount of Each Receipt this Period **85.00**

C. Richard Ericson M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2712 Lake Front Ct
 City Modesto State CA Zip Code 95355-2262
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Valley Heart Assoc. Medical Group Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **260.00**

Date of Receipt **08 / 09 / 2012**
Transaction ID : 4904995BBC53DD5149B9
 Amount of Each Receipt this Period **20.00**

SUBTOTAL of Receipts This Page (optional)..... **605.00**
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 14 OF 45
	<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. Richard Ericson M.D., F.A.		Date of Receipt
Mailing Address 2712 Lake Front Ct		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Modesto	CA	95355-2262
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 426893C422E97DBDA07D
Name of Employer	Occupation	Amount of Each Receipt this Period
Valley Heart Assoc. Medical Group	ADULT CARDIOLOGY	<input type="text" value="15.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	

Full Name (Last, First, Middle Initial) B. David M. Evans M.D., F.A.		Date of Receipt
Mailing Address 130 Ashlei Ln 711 Santa Fe Drive		<input type="text" value="08"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City	State	Zip Code
Searcy	AR	72143-3024
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4D94926D63EE13CFA268
Name of Employer	Occupation	Amount of Each Receipt this Period
Heart Clinic Arkansas	ADULT CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. Chester J. Falterman M.D., F.A.		Date of Receipt
Mailing Address 1458 Avellino Cir		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Murfreesboro	TN	37130-7608
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4474B21D3C6F505E0E94
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1226.64"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="195.00"/>
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:	PAGE 18 OF 45
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 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 B. Gore M.D., F.A.		Date of Receipt 08 / 30 / 2012 Transaction ID : A7464F60C952272DFD3
Mailing Address 106 Clubview Dr		Amount of Each Receipt this Period 250.00
City Lagrange	State GA	
Zip Code 30240-1001		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Maruthi V. Gottimukkala M.D., F.A.		Date of Receipt 08 / 30 / 2012 Transaction ID : 207C6DD27E2351BEF62
Mailing Address 1613 Arrowhead Pt Ste 200		Amount of Each Receipt this Period 250.00
City Virginia Beach	State VA	
Zip Code 23455-4407		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Consultants Ltd	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. Lee W. Gould M.D., F.A.		Date of Receipt 08 / 21 / 2012 Transaction ID : 40C3B4BC82B228573A85
Mailing Address 3865 Country Club Dr		Amount of Each Receipt this Period 83.34
City Lewiston	State ID	
Zip Code 83501-9622		Aggregate Year-to-Date ▼ 666.72
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 ▼ 666.72		

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

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

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

FOR LINE NUMBER: PAGE 19 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. James R. Harper Jr., M.D.,

Mailing Address 1725 New Hanover Medical Park Dr

City State Zip Code
 Wilmington NC 28403-5345

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
 08 / 02 / 2012
Transaction ID : 229A91AE-8A38-44CC-

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. James R. Harper Jr., M.D.,

Mailing Address 1725 New Hanover Medical Park Dr

City State Zip Code
 Wilmington NC 28403-5345

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
 08 / 02 / 2012
Transaction ID : 79C16E50-7575-4D41-

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Robert A. Harrington M.D., F.A.

Mailing Address 113 Preston Grande Way

City State Zip Code
 Morrisville NC 27560-7073

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

Name of Employer Occupation
 Duke Clinical Research InstituteDuke U ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 08 / 27 / 2012
Transaction ID : 5E1B1B36FE185CD49ED

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 45
	<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. Jerome L. Hines M.D., Ph.D		Date of Receipt
Mailing Address 11 Salt Creek Ln Ste 2		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Hinsdale	State IL	Zip Code 60521-3032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 471895B08D287BEBF9FC
Name of Employer Illinois Heart & Vascular		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.72"/>	

Full Name (Last, First, Middle Initial) B. Robert E. Hobbs M.D., F.A.		Date of Receipt
Mailing Address 2713 Dryden Rd		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Shaker Heights	State OH	Zip Code 44122-2701
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4FDF870325B7631F0D87
Name of Employer Cleveland Clinic		Amount of Each Receipt this Period
Occupation HEART FAILURE/TRANSPLANT		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="666.72"/>	

Full Name (Last, First, Middle Initial) C. Daniel J. Humiston M.D., F.A.		Date of Receipt
Mailing Address 1928 Maple Hollow Way		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Bountiful	State UT	Zip Code 84010-1041
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 41DB8CC04510269F9A15
Name of Employer Utah Cardiology, PC		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="291.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 45
	<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. Pamela A. Ivey M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 Quail Run Rd
 City Henderson State NV Zip Code 89014-2148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Consultants of Nevada Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1680.00**

Date of Receipt **08 / 21 / 2012**
Transaction ID : 46749D30E9E758929939
 Amount of Each Receipt this Period **210.00**

B. Oscar R. Jenkins Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Braeside Cir
 City Asheville State NC Zip Code 28803-3378
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Asheville Cardiology Associates Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : 67C19838B90DBC3D6D5
 Amount of Each Receipt this Period **1000.00**

C. C. David Joffe M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7067 Meeker Commons Ln
 City Dayton State OH Zip Code 45414-2065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dayton Heart Center, Inc. Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **08 / 31 / 2012**
Transaction ID : 4652A35FB315D949429F
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **1260.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 45
	<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. Steven E. Kornberg M.D., F.A.			Date of Receipt
Mailing Address 10 E New York Ave Ste 2			<input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2012"/>
City Somers Point	State NJ	Zip Code 08244-2367	Transaction ID : 4C3283157EA99137DDF5
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Shore Heart Consultants, LLC	Occupation ADULT CARDIOLOGY		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="333.28"/>	

Full Name (Last, First, Middle Initial) B. Fred M. Krainin M.D., F.A.			Date of Receipt
Mailing Address 3817 Cherrywood Rd			<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City Florence	State SC	Zip Code 29501-9209	Transaction ID : 40807DCBFB4603016F6
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Pee Dee Cardiology Associates	Occupation INTERVENTIONAL CARDIOLOGY		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Gilead I. Lancaster M.D., F.A.			Date of Receipt
Mailing Address 15 Mine Hill Rd			<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City Redding	State CT	Zip Code 06896-2701	Transaction ID : 442699E6A8EE3AF845DE
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Bridgeport Hospital Dept of Echo	Occupation ADULT CARDIOLOGY		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1141.66"/>
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 23 OF 45
	<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. Stamatios Lerakis M.D., F.A.		Date of Receipt 08 / 30 / 2012 Transaction ID : 3550ED7512CA2566F61
Mailing Address 3445 Stratford Rd NE Ste 2101		Amount of Each Receipt this Period 500.00
City Atlanta	State GA	Zip Code 30326-1719
FEC ID number of contributing federal political committee. C		
Name of Employer Emory Clinic, Inc.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Thomas J. Lewandowski M.D., F.A.		Date of Receipt 08 / 21 / 2012 Transaction ID : 41308E2C1F7C1695A607
Mailing Address 113 Limekiln Dr		Amount of Each Receipt this Period 150.00
City Neenah	State WI	Zip Code 54956-4213
FEC ID number of contributing federal political committee. C		
Name of Employer Appleton Cardiology ThedaCare	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Sandra J. Lewis M.D., F.A.		Date of Receipt 08 / 09 / 2012 Transaction ID : 40B0BD2C9E9DE55027C3
Mailing Address 5342 SW Hewett Blvd		Amount of Each Receipt this Period 83.34
City Portland	State OR	Zip Code 97221-2254
FEC ID number of contributing federal political committee. C		
Name of Employer NW Cardiovascular Institute	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William R. Lewis M.D., F.A.			Date of Receipt 08 / 31 / 2012 Transaction ID : 479E8C00B08F4748DBB5
Mailing Address 24707 Tricia Dr			Amount of Each Receipt this Period 45.00
City Westlake	State OH	Zip Code 44145-4923	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 270.00
Name of Employer Metro Health Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Wilberto Lester Lopez M.D., F.A.			Date of Receipt 08 / 31 / 2012 Transaction ID : 29E7B538C22F0C085B5
Mailing Address 1656 Cherry Ridge Dr			Amount of Each Receipt this Period 365.00
City Heathrow	State FL	Zip Code 32746	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 365.00
Name of Employer Cardiovascular Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Ida L. Mazza M.D., F.A.			Date of Receipt 08 / 30 / 2012 Transaction ID : 95AD8237A8B947B237D
Mailing Address 1241 Maplewood Dr			Amount of Each Receipt this Period 365.00
City Maple Glen	State PA	Zip Code 19002-1176	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 365.00
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

SUBTOTAL of Receipts This Page (optional).....▶	775.00
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 25 OF 45
	<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. Albert B. Mercer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Griffith Ave
 City Owensboro State KY Zip Code 42301-2812
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Green River Heart Institute Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 19 / 2012**
Transaction ID : 4A609EEACA707F0FE2B6
 Amount of Each Receipt this Period **100.00**

B. Margo B. Minissian ACNP-BC, M
 Full Name (Last, First, Middle Initial)
 Mailing Address 444 S San Vicente Blvd Ste 600
 City Los Angeles State CA Zip Code 90048-4174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cedars Sinai Heart Institute Womens He Occupation PREVENTIVE CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1458.38**

Date of Receipt **08 / 29 / 2012**
Transaction ID : 462BA6D324E68CC49817
 Amount of Each Receipt this Period **208.34**

C. Robert W. Morse D.O.
 Full Name (Last, First, Middle Initial)
 Mailing Address 502 Jerome Ct
 City Gearhart State OR Zip Code 97138-1108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **08 / 30 / 2012**
Transaction ID : 48E998897C4E58ACCCD
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **558.34**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Marc A. Mugmon M.D., F.A.

Mailing Address 7193 Collingwood Ct

City Elkridge State MD Zip Code 21075-5548

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

Name of Employer Chesapeake CardioVascular Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **08 / 31 / 2012**

Transaction ID : 442E915432DB8C5E7A8B

Amount of Each Receipt this Period **83.34**

Full Name (Last, First, Middle Initial)
B. Mahesh S. Mulumudi M.B.B.S.,

Mailing Address 18708 37th Dr SE

City Bothell State WA Zip Code 98012-8812

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

Name of Employer Everett Clinic Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **08 / 27 / 2012**

Transaction ID : 84B1316F0F34D7F553D

Amount of Each Receipt this Period **250.00**

Full Name (Last, First, Middle Initial)
c. Srihari S. Naidu M.D., F.A.

Mailing Address 527 E 72nd St Apt 3CD

City New York State NY Zip Code 10021-4011

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

Name of Employer Winthrop University Hospital Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **730.00**

Date of Receipt **08 / 27 / 2012**

Transaction ID : 141CB78114B03DB5DC6

Amount of Each Receipt this Period **365.00**

SUBTOTAL of Receipts This Page (optional)..... **698.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 45
	<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. Srihari S. Naidu M.D., F.A.			Date of Receipt
Mailing Address 527 E 72nd St Apt 3CD			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A5F7926CE68C5E1561C
New York	NY	10021-4011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="365.00"/>
Name of Employer	Occupation		
Winthrop University Hospital	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="730.00"/>		

Full Name (Last, First, Middle Initial) B. M. R. Sasidharan Nair M.B.B.S.,			Date of Receipt
Mailing Address 660 Holly Rd			<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 9524BD86F9A624876B6
Cadillac	MI	49601-2420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Grand Traverse Heart Associates	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. Bipin C. Patadia M.B.B.S.,			Date of Receipt
Mailing Address 388 Revere St			<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : 0075DFC0C19CD7C082F
Upland	CA	91784-1365	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="300.00"/>
Name of Employer	Occupation		
Bipin C. Patadia MD PC	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1165.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David J. Pinnelas M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hopi Ct
 City Manalapan State NJ Zip Code 07726-4628
 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 ▼ 531.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 09 / 2012
Transaction ID : 4F9D9463BE6F2178ED9F
 Amount of Each Receipt this Period
 70.00

B. James B. Powers M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Bowdoin Dr
 City Falmouth State ME Zip Code 04105-2557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maine Cardiology Associates Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2012
Transaction ID : 4A2D8C6194FC2486C678
 Amount of Each Receipt this Period
 100.00

c. Michael E. Ring M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 W 7th Ave Ste 450
 City Spokane State WA Zip Code 99204-2339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Clinics Northwest Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 21 / 2012
Transaction ID : 4C35ABA90A7AA6779C1B
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 253.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas A. Ritchie M.D., F.A.

Full Name (Last, First, Middle Initial)
Mailing Address 6750 E Baywood Ave
Ste 301

City Mesa State AZ Zip Code 85206-1749

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

Name of Employer Tri-City Cardiology Consultants, P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2012

Transaction ID : **3C166C50-DD61-45CE-**

Amount of Each Receipt this Period 250.00

B. George P. Rodgers M.D., F.A.

Full Name (Last, First, Middle Initial)
Mailing Address 11673 Jollyville Rd
Ste 205-B

City Austin State TX Zip Code 78759-4200

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 ▼ 583.38

Date of Receipt 08 / 01 / 2012

Transaction ID : **47AB9869047171C4E45B**

Amount of Each Receipt this Period 83.34

C. David A. Rosenbaum M.D., F.A.

Full Name (Last, First, Middle Initial)
Mailing Address 3625 Cherry Plum Dr

City Colorado Springs State CO Zip Code 80920-2826

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 08 / 21 / 2012

Transaction ID : **4CF7AB5E5F7BF1C40CFF**

Amount of Each Receipt this Period 208.34

SUBTOTAL of Receipts This Page (optional)..... ▶ 541.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. John S. Rumsfeld M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 S Dahlia St
 City Denver State CO Zip Code 80246-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver VA Medical Center, University o
 Occupation ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt
 08 / 25 / 2012
Transaction ID : 482EA9F8604ECCE6F55E
 Amount of Each Receipt this Period
 83.33

B. Steven M. Schiff M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 279 St Joseph Ave
 City Long Beach State CA Zip Code 90803-1762
 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
 08 / 31 / 2012
Transaction ID : CDDBD07DDA8DAB30403
 Amount of Each Receipt this Period
 250.00

c. David E. Schleinkofer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1819 Carew St
 City Fort Wayne State IN Zip Code 46805-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Cardiology Corporation
 Occupation ELECTROPHYSIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 08 / 11 / 2012
Transaction ID : 47856BFD-34B5-4886-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 45
	<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. Narendra Singh M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 Haddington Ln
 City Johns Creek State GA Zip Code 30024-5304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Atlanta Heart Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.66

Date of Receipt 08 / 09 / 2012
Transaction ID : 4F7C90C29DB930752B45
 Amount of Each Receipt this Period 100.00

B. Chittur A. Sivaram M.B.B.S.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 1616 Boomer Trl
 City Edmond State OK Zip Code 73034-4956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Oklahoma Health Sciences Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 30 / 2012
Transaction ID : CB705409832BA64AADF
 Amount of Each Receipt this Period 500.00

c. Kurt D. Spriggs D.O., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3360 F 5/8 Rd
 City Clifton State CO Zip Code 81520-8117
 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 ▼ 730.00

Date of Receipt 08 / 30 / 2012
Transaction ID : A34F54DC5B8AEF5EA1A
 Amount of Each Receipt this Period 730.00

SUBTOTAL of Receipts This Page (optional).....▶ 1330.00
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 34 OF 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Michael J. Springer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Cardiologists Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **333.28**

Date of Receipt **08 / 25 / 2012**
Transaction ID : 4D2D8BEC044A2317DFF0
 Amount of Each Receipt this Period **41.66**

B. Suma A. Thomas M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7620 Old Georgetown Rd Apt 1214
 City Bethesda State MD Zip Code 20814-6182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1041.70**

Date of Receipt **08 / 28 / 2012**
Transaction ID : 4A469C36FDD62ACD758B
 Amount of Each Receipt this Period **208.34**

C. Krishnaswami Vijayaraghavan M.B.B.S.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2817 E Ludlow Dr
 City Phoenix State AZ Zip Code 85032-5665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **666.72**

Date of Receipt **08 / 21 / 2012**
Transaction ID : 432F9DEE8035ECE3E22D
 Amount of Each Receipt this Period **83.34**

SUBTOTAL of Receipts This Page (optional).....	333.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 45
	<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. Juan Villafane M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2012 Transaction ID : 4D109B9DF3EBCAF0522A
Mailing Address 1400 Willow Ave 1205		Amount of Each Receipt this Period 83.34
City Louisville	State KY	Zip Code 40204-2506
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PEDIATRICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) B. Thad F. Waites M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2012 Transaction ID : 4AC288CD6ECE209B3F97
Mailing Address 1017 Richburg Rd		Amount of Each Receipt this Period 83.34
City Hattiesburg	State MS	Zip Code 39402-9055
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Heart Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2166.72	

Full Name (Last, First, Middle Initial) C. Howard T. Walpole Jr., M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 09 / 2012 Transaction ID : 46AAB30C17929BF5247D
Mailing Address 31 Northumberland		Amount of Each Receipt this Period 416.67
City Nashville	State TN	Zip Code 37215-4123
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.36	

SUBTOTAL of Receipts This Page (optional).....▶	583.35
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 45
	<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. Mary Norine Walsh M.D., F.A.		Date of Receipt
Mailing Address 428 W 83rd Pl		<input type="text" value="08"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Indianapolis	IN	46260-4905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4AF2B880551C48253F7E
Name of Employer	Occupation	Amount of Each Receipt this Period
St Vincent Heart Center of Indiana	HEART FAILURE/TRANSPLANT	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) B. Thomas F. Walsh IV, M.D.,		Date of Receipt
Mailing Address 6101 Cottonwood Ln		<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code
Blackshear	GA	31516-5992
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 97E90768194704D25DF
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Bruce A. Watt M.D., F.A.		Date of Receipt
Mailing Address 2109 S Main Ave		<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sioux Falls	SD	57105-3827
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 424B97A82CC20FB7B2F1
Name of Employer	Occupation	Amount of Each Receipt this Period
North Central Heart Institute	ADULT CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="666.72"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="683.34"/>
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 37 OF 45
	<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. Stephen E. Weinberg M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 952 Kresson Rd
 City Cherry Hill State NJ Zip Code 08003-2608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt 08 / 30 / 2012
Transaction ID : AABFDC748B803288812
 Amount of Each Receipt this Period 1000.00

B. Robert C. Wesley Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 8841 Montagna Dr
 City Las Vegas State NV Zip Code 89134-6148
 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 672.00

Date of Receipt 08 / 21 / 2012
Transaction ID : 4949ABA4E69D6FF80F68
 Amount of Each Receipt this Period 84.00

C. John Jason West M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3322 NW Panorama Dr
 City Bend State OR Zip Code 97701-5461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bend Memorial Clinic Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.28

Date of Receipt 08 / 11 / 2012
Transaction ID : 4D3882BB11DC68667F7A
 Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional).....	1125.66
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 38 OF 45
(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. Steven R. West M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 3701 S Poplar Dr
City Columbus State IN Zip Code 47201-4972
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Vincent Medical Group Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 333.34

Date of Receipt 08 / 31 / 2012
Transaction ID : 43938E22B3A41EE35E3C
Amount of Each Receipt this Period 41.67

B. Michael C. Widmer M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 2753 NE Red Oak Dr
City Bend State OR Zip Code 97701-8348
FEC ID number of contributing federal political committee. **C**
Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 666.64

Date of Receipt 08 / 29 / 2012
Transaction ID : 45D781568C3180E8F22F
Amount of Each Receipt this Period 83.33

C. Daniel E. Wildes Jr., D.O.,
Full Name (Last, First, Middle Initial)
Mailing Address 1520 Timberlane
City Fort Dodge State IA Zip Code 50501-7728
FEC ID number of contributing federal political committee. **C**
Name of Employer Iowa Heart Center @ Fort Dodge, PC Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 365.00

Date of Receipt 08 / 30 / 2012
Transaction ID : A772FA08E1BE60CF1BF
Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 490.00
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 39 OF 45
	<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. Peter M. Will M.B.B.S.,		Date of Receipt 08 / 28 / 2012 Transaction ID : 7AF6D0EC7B420A5FDF6
Mailing Address 301 S 7th Ave Ste 2020		Amount of Each Receipt this Period 250.00
City Reading	State PA	
Zip Code 19611-1495		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Associates of West Reading,	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael J. Wolk M.D., M.A.		Date of Receipt 08 / 29 / 2012 Transaction ID : 49D6B956623C3AC316DC
Mailing Address 876 Park Ave		Amount of Each Receipt this Period 125.00
City New York	State NY	
Zip Code 10075-1832		Aggregate Year-to-Date ▼ 750.00
FEC ID number of contributing federal political committee. C		
Name of Employer New York Cardiology Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard F. Wright M.D., F.A.		Date of Receipt 08 / 29 / 2012 Transaction ID : 4A9AB4E6224FB9308A22
Mailing Address 1038 S Carmelina Ave		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	
Zip Code 90049-5810		Aggregate Year-to-Date ▼ 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	625.00
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 40 OF 45
(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. Lambert A. Wu M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1524 NW Grove Ave
 City Topeka State KS Zip Code 66606-1234
 Date of Receipt 08 / 19 / 2012
Transaction ID : 4540B8B69C395AB9EC25
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer Cotton O'Neil Heart Center Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 583.38

B. Janet Fredal Wyman MSN, NP, A
 Full Name (Last, First, Middle Initial)
 Mailing Address 960 Westchester Rd
 City Grosse Pointe Park State MI Zip Code 48230-1830
 Date of Receipt 08 / 28 / 2012
Transaction ID : 4D0C9D48674BDD77BD71
 Amount of Each Receipt this Period 83.34
 FEC ID number of contributing federal political committee. C
 Name of Employer Henry Ford Hospital Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

C. Hojun Yoo M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1447 Sauvignon Dr
 City Toms River State NJ Zip Code 08753-2764
 Date of Receipt 08 / 27 / 2012
Transaction ID : 2E9E7ABE6A8D1EC1BE6
 Amount of Each Receipt this Period 365.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Coastal Cardiovascular Consultants, PA Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 531.68
TOTAL This Period (last page this line number only)..... ▶ 23525.45

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

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

FOR LINE NUMBER: PAGE 41 OF 45
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A. American College of Cardiology - Admin Account

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 85024

City Richmond	State VA	Zip Code 23285-5024
------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13647.26

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	10	/	2012

Transaction ID : 66ABF717A842492B301

Amount of Each Receipt this Period
1188.73

Reimbursement for July Amex Fees and August Merchant Fees

B.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1188.73
TOTAL This Period (last page this line number only).....▶	1188.73

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
August 2012 Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : VEF5C48DFBE8A7785BD3

Amount of Each Disbursement this Period

142.60

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
August 2012 Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2012

Transaction ID : M649139C7845CE55BEDD

Amount of Each Disbursement this Period

1005.79

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

1148.39

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

1148.39

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address Post Office Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

Ameriash Bera

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		23		2012

Transaction ID : B15C020804D9B996A01

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement
2012 General

011

Category/
Type

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

Transaction ID : 89DF031344EEB6BA9B9

Amount of Each Disbursement this Period

2,500.00

Full Name (Last, First, Middle Initial)

C. Making a Responsible Stand for Households in America (MARSHA PAC)

Mailing Address PO Box 680063

City Franklin State TN Zip Code 37068-0063

Purpose of Disbursement
2012 Contribution

011

Category/
Type

Candidate Name
Making a Responsible Stand for Households in America (MARSHA PAC)

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

Transaction ID : 0B096F4CA2940D621A0

Amount of Each Disbursement this Period

1,500.00

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

9,000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mass PAC

Mailing Address PO Box 440324

City Somerville State MA Zip Code 02144

Purpose of Disbursement
2012 Contribution

011

Candidate Name
Mass PAC

Category/
Type

Office Sought: House
 Senate
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2012

Transaction ID : **0FEA10AA8DD0BAFA280**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2012 Primary

011

Candidate Name
Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

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

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2012

Transaction ID : **91A3EB0084ACEA98CDB**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Vern Buchanan for Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement
2012 General

011

Candidate Name
Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

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

State: FL District: 16

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : **1FB21B30EAD2177508A**

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

18000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Michael M. Dehning M.D., F.A.

Mailing Address 6826 Northland Dr

City Omaha State NE Zip Code 68152-1064

Purpose of Disbursement
Refund

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 22 / 2012

Transaction ID : F8AE4F6B47B33068F1A

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. James R. Harper Jr., M.D.,

Mailing Address 1725 New Hanover Medical Park Dr

City Wilmington State NC Zip Code 28403-5345

Purpose of Disbursement
Refund

010

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : C1DDB2AD8472DC425CC

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

500.00

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

500.00