

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 (12G)
Election on _____ 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 02 01 2010 through 02 28 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 03 19 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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

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	220531.29									
(c) Total Receipts (from Line 19)	60368.04	73740.76								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	280899.33	284290.72								
7. Total Disbursements (from Line 31)	26605.20	29996.59								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	254294.13	254294.13								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	2

D	D
2	8

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)	49717.00	57832.00
(ii) Unitemized	10051.67	14478.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59768.67	72310.66
(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)	59768.67	72310.66
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)	599.37	1430.10
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	60368.04	73740.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	60368.04	73740.76

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.....	740.20	1531.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	740.20	1531.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25500.00	28000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	365.00	465.05
(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	465.05
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))..	26605.20	29996.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26605.20	29996.59

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	59768.67	72310.66
34. Total Contribution Refunds (from Line 28(d))	365.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59403.67	71845.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	740.20	1531.54
37. Offsets to Operating Expenditures (from Line 15, page 3)	599.37	1430.10
38. Net Operating Expenditures (subtract Line 37 from Line 36)	140.83	101.44

**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 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.

Full Name (Last, First, Middle Initial)
Ezad N. Ahmad, M.B.B.S.,

Mailing Address 1411 Chattanooga Avenue #101

City State Zip Code
Dalton GA 30720-2673

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

Name of Employer
Cardiology Center of Dalton PC

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: E3BC64B972C7AFF94D6

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.

Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 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 ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2010

Transaction ID: 4A3DA5566AB9547D03B2

Amount of Each Receipt this Period
200.00

C.

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

Mailing Address 603 North Flamingo Road, Suite 365

City State Zip Code
Pembroke Pines FL 33028-1013

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

Name of Employer
Self-Employed

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: EE0A91A9BCE445F3F0D

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **950.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 46
	<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) Seth H. Baker, D.O., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 2320 Club Drive		Transaction ID: 6B41608E00E52220F73		
	City Vero Beach	State FL	Zip Code 32963-2158	Amount of Each Receipt this Period 500.00	
	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Edward G. Baptista, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 2246 Wroxton Road Suite 2210-B		Transaction ID: 9E2743BFC5625912BE3		
	City Houston	State TX	Zip Code 77005-1536	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Association		Occupation INVASIVE 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) Robert N. Belasco, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 625 Radnor Valley Drive		Transaction ID: C2B05418084C46EC06F		
	City Villanova	State PA	Zip Code 19085-1201	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Montgomery Med. Assoc. P.-C.		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 46
(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)
William R. Bennett, M.D., F.A.

Mailing Address 122 West 7th Avenue Suite 310

City State Zip Code
Spokane WA 99204-2352

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

Name of Employer Heart Clinics Northwest Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 70D4AFEE1AAE0404D84

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert E. Benton, M.D., F.A.

Mailing Address 9 Hunts End Lane

City State Zip Code
Albany NY 12211-1956

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

Name of Employer Samaritan Medical Arts Building Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 0AD7E8DC45D9578435E

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 129 Willow Pointe

City State Zip Code
Columbus MS 39705-2094

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

Name of Employer Columbus Cardiovascular Care, PLLC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 5F37359A667E3D6C65E

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 46
	<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) Beth A. Bryant, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 1528 Cabell Drive		Transaction ID: BE0CE51FB47A423AD94		
	City Bowling Green	State KY	Zip Code 42104-3114	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00		

B.	Full Name (Last, First, Middle Initial) Michael P. Cecil, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 4103 Club Drive, Northeast		Transaction ID: 9A82ADAF82FDB05B303		
	City Atlanta	State GA	Zip Code 30319-1115	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Georgia Heart Specialists Occupation ADULT CARDIOLOGY		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

C.	Full Name (Last, First, Middle Initial) Michael L. Chaikin, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 2080 Century Park East, Suite 1705		Transaction ID: A8B72B48A49AE2ECCF8		
	City Los Angeles	State CA	Zip Code 90067-2020	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1865.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 46
(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)
Anil Chhabra, M.B.B.S.,
Mailing Address 1811 East Bert Kouns Suite 100

City State Zip Code
Shreveport LA 71105

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: A0648BF093A56CCACE6

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Brian G. Crandall, M.D., F.A.
Mailing Address 1160 Sunset Hollow Drive

City State Zip Code
Bountiful UT 84010-3235

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

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: 5ACBAD81BAB5F3C5227

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
George H. Crossley, III, M.D.,
Mailing Address 276 Stratton Court

City State Zip Code
Brentwood TN 37027-4228

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

Name of Employer St. Thomas Heart Occupation
ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 334.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2010

Transaction ID: 4EAD92DC487E1B5365C7

Amount of Each Receipt this Period
167.00

SUBTOTAL of Receipts This Page (optional) ► **1032.00**

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 / 46
(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)
Ira M. Dauber, M.D., F.A.

Mailing Address 9933 E Berry Drive

City Englewood State CO Zip Code 80111

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

Name of Employer South Denver Cardiology Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 21 / 2010
Transaction ID: 8C28F2AA-2B31-43F5-
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Stanley P. Defehr, M.D., F.A.

Mailing Address 3140 Southeast Bison Road

City Bartlesville State OK Zip Code 74006-7647

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

Name of Employer Blue Stem Cardiology
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2010
Transaction ID: 09352AE37E1F6C1B9DD
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Roger D. Des Prez, M.D., F.A.

Mailing Address 1265 S Utica Suite 300

City Tulsa State OK Zip Code 74104-4243

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2010
Transaction ID: D4D1B9209C19A84129F
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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 / 46

(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) Charlie W. Devlin, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 180 Gregg Parkway		Transaction ID: B46D608DD474A28767E		
	City Columbia	State SC	Zip Code 29206-4924	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer South Carolina Heart Center		Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Joshua B. Donner, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 514 Cooper Drive Southeast		Transaction ID: 9B82D06B4A47F1D8A42		
	City Rome	State GA	Zip Code 30161-6012	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Self-Employed		Occupation PEDIATRIC CARD.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) Joseph P. Drozda, Jr., M.D.,		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 36 Picardy Hill Drive		Transaction ID: 613FC7D3B5F8B99FA92		
	City Chesterfield	State MO	Zip Code 63017-7127	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
Name of Employer Mercy Health Research		Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 / 46
(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)
Afshine Emrani, M.D., F.A.
Mailing Address 372 North Saltair Ave

City State Zip Code
Los Angeles CA 90049-2043

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 17 / 2010

Transaction ID: 4B4F7C37-8533-4E4C-
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael D. Evans, M.D., F.A.
Mailing Address 110 Rio Grande Drive

City State Zip Code
Mission TX 78572-7419

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

Name of Employer Heart Clinic, P.A. Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: D8D189CBFA9BDB2CE85
Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Nancy C. Flowers, M.D., F.A.
Mailing Address 6691 Guadalupe Trail Northwest

City State Zip Code
Los Ranchos NM 87107-6201

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
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 538E93ADAA5FE92B24E
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 46

(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. Kenneth Ford, M.D., F.A.

Mailing Address 846 Oakland Church Road

City

Calvert City

State

KY

Zip Code

42029-9177

FEC ID number of contributing federal political committee.

C

Name of Employer
Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 21 / 2010

Transaction ID: 50594995-C16E-4807-

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Maruthi V. Gottimukkala, M.D., F.A.

Mailing Address 1613 Arrowhead Point

City

Virginia Beach

State

VA

Zip Code

23455-4407

FEC ID number of contributing federal political committee.

C

Name of Employer
Cardiology Consultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
02 / 18 / 2010

Transaction ID: E43C694D84FE7122CE2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William F. Graettinger, M.D., F.A.

Mailing Address 4754 Village Green Parkway

City

Reno

State

NV

Zip Code

89519

FEC ID number of contributing federal political committee.

C

Name of Employer
Medical Assoc. North

Occupation

ADULT CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2010

Transaction ID: 4411A146EF987AA44A90

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 46
(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

<p>A. Full Name (Last, First, Middle Initial) Bhavdeep K. Gupta, M.D., F.A.</p> <p>Mailing Address 5268 River Club Drive</p> <p>City State Zip Code Suffolk VA 23435-3513</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation ADULT CARDIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 23 / 2010</p> <p>Transaction ID: 1EEFE6C5FAB6C08BD99</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name (Last, First, Middle Initial) Ronald J. Haberman, M.D.</p> <p>Mailing Address 10 Hillendale Court</p> <p>City State Zip Code Huntington WV 25705-3745</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HIMG Occupation ELECTROPHYSIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 02 / 2010</p> <p>Transaction ID: 974D6FB9-1492-44C3-</p> <p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name (Last, First, Middle Initial) Enrique S. Hanabergh, M.D., F.A.</p> <p>Mailing Address 19830 Northeast 17 Avenue</p> <p>City State Zip Code North Miami Beach FL 33179-3144</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Self-Employed Occupation ADULT CARDIOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt MM / DD / YYYY 02 / 23 / 2010</p> <p>Transaction ID: E2C8C9CFE71C197BF03</p> <p>Amount of Each Receipt this Period 500.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

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 16 / 46
	<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) John Gordon Harold, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 2473 Jupiter Drive	Transaction ID: 378346BFC338842B84D
	City State Zip Code Los Angeles CA 90046-1752	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Louis I. Heller, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 18 / 2010
	Mailing Address 612 Windsor Parkway	Transaction ID: 8DEF86F32036B7B06AC
	City State Zip Code Atlanta GA 30342-2802	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Thomas J. Hill, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 724 8th Street # 5	Transaction ID: 70B67E0E499E3710E60
	City State Zip Code Breckenridge MI 48615-9587	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
Name of Employer West 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 ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)	2375.00
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 17 / 46
(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)
Robin A. Horn, M.D., F.A.

Mailing Address 3521 Silverside Road Suite 1C

City State Zip Code
Wilmington DE 19810-4900

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

Name of Employer: Cardiology Consultants Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 18 / 2010
Transaction ID: 9C7D4B4B185ED20ED36
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Saleem Husain, M.D., F.A.

Mailing Address 1314 Park Avenue

City State Zip Code
Plainfield NJ 07060-3253

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

Name of Employer: Self-Employed Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: FE96E93E7AACCCA7442
Amount of Each Receipt this Period: 375.00

C. Full Name (Last, First, Middle Initial)
Moongilmadugu N. Inba-Vazhvu, M.D., F.A.

Mailing Address 702 Bethpage Drive

City State Zip Code
Mc Donough GA 30253-4020

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: 02 / 12 / 2010
Transaction ID: B7BDFABD2EE2F4B5E1C
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 18 / 46
(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)
Sherif Saad Iskander, M.D., F.A.

Mailing Address 5616 Fallmeadow Street

City Tyler State TX Zip Code 75703-3518

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

Name of Employer Cardiovascular Associates of East Texa Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2010
Transaction ID: F8C9F838D4857661F12
Amount of Each Receipt this Period 500.00

B.

Full Name (Last, First, Middle Initial)
Oscar R. Jenkins, Jr., M.D.,

Mailing Address 122 Braeside Circle

City Asheville State NC Zip Code 28803

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 02 / 01 / 2010
Transaction ID: 486401068E299E957AD
Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Richard A. Josephson, M.D., F.A.

Mailing Address 1988 Four Seasons Drive

City Akron State OH Zip Code 44333

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

Name of Employer Case Medical Center/University Hospita Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 12 / 2010
Transaction ID: FBF6666F3926BDE7B23
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 46
(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)
Hari Joshi, M.D.

Mailing Address 3031 Village Drive

City State Zip Code
Center Valley PA 18034-8446

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

Name of Employer
Lehigh Valley Cardiology Associates

Occupation
ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: F4C30F94-50E0-44A5-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Anna M. Kalynych, M.D., F.A.

Mailing Address 58 Montclair Drive Northeast

City State Zip Code
Atlanta GA 30309-1527

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 ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: D9EB128909C439C788B

Amount of Each Receipt this Period
750.00

C.

Full Name (Last, First, Middle Initial)
Aleksy Kamenetsky, M.D., F.A.

Mailing Address 312 Links Drive West

City State Zip Code
Oceanside NY 11572-5623

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

Name of Employer
Mount Sinai Hospital at Elmherst

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: C658B6D725F017FE181

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 46
(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)
Charles H. Koo, M.D., F.A.

Mailing Address 7 North Street

City Rumson State RI Zip Code 07760-1609

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

Name of Employer Monmouth Cardiology, LLC Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: BC500CFE308431288C1
Amount of Each Receipt this Period: 400.00

B. Full Name (Last, First, Middle Initial)
Gregory M. Koshkarian, M.D., F.A.

Mailing Address 3350 E Finger Rock Circle

City Tucson State AZ Zip Code 85718-1370

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

Name of Employer Heart Care of Southern Arizona Desert Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 18 / 2010
Transaction ID: 9B5810275FA0E30CC1E
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Avinash A. Kothavale, M.D., F.A.

Mailing Address 2 Holden Lane

City Madison State NJ Zip Code 07940-2614

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

Name of Employer Summit Medical Group Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2010
Transaction ID: 111A580593090B58EBB
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **900.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 46
(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)
Austin H. Kutscher, Jr., M.D.,

Mailing Address 21 N Main Street

City State Zip Code
Flemington NJ 08822-1156

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

Name of Employer
Hunterdon Cardiovascular Associates

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2010

Transaction ID: 91F77F2D-9CCD-4137-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Leonard Lefkovic, M.D., F.A.

Mailing Address 26 Callan Avenue

City State Zip Code
Staten Island NY 10304-1304

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

Name of Employer
Regan McGinn, P.C.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: C9E81BDBE39AE85207B

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Thomas D. Legalley, M.D., F.A.

Mailing Address 1 Marquette Drive

City State Zip Code
Marquette MI 49855-5232

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

Name of Employer
Upper Michigan Cardiovascular Associat

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: FDA383750880DCE561B

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 22 / 46
	<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) Daniel A. Leonard, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 16 Bessel Lane		Transaction ID: 22AE7B47DBA0C724283		
	City Chappaqua	State NY	Zip Code 10514-2900	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kisco Medical Group	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Jack Lewin, M.D.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 1922 Calvert St NW		Transaction ID: 36282718E26EF79BA88		
	City Washington	State DC	Zip Code 20009-1502	Amount of Each Receipt this Period 1100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology	Occupation ADMINISTRATION			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

C.	Full Name (Last, First, Middle Initial) William R. Lewis, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 24707 Tricia Drive		Transaction ID: 1EE6F1B6764719DE504		
	City Westlake	State OH	Zip Code 44145-4923	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1850.00
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 23 / 46
(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)
Peter E. Linz, M.D., F.A.

Mailing Address 777 Jacqueline Court

City Encinitas State CA Zip Code 92024-6657

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

Name of Employer United States Navy Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2010
Transaction ID: 9D121872002574109C8
Amount of Each Receipt this Period 250.00

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

Mailing Address 3309 Big Oak Drive

City Tyler State TX Zip Code 75707-1703

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 18 / 2010
Transaction ID: 075EF42FA7A796BA766
Amount of Each Receipt this Period 500.00

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

Mailing Address 1640 Cypress Ridge

City Greenville State MS Zip Code 38701-6936

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 02 / 01 / 2010
Transaction ID: 4DC72E968014283A9C9
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 / 46
<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) Gerard R. Martin, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 12 / 2010		
	Mailing Address 202 Primrose Street		Transaction ID: B2A974BA5090022C8B9		
	City Chevy Chase	State MD	Zip Code 20815-3323	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Center for Heart, Lung & Kidney Diseases	Occupation PEDIATRIC CARD.	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Kevin J. McCullum, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010		
	Mailing Address 25 Monument Drive Suite 200		Transaction ID: C1679DA5A9727BBB69C		
	City York	State PA	Zip Code 17403-5049	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiac Diagnostic Assocs.	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Michael R. McMullan, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010		
	Mailing Address 206 Devander Run		Transaction ID: 4665E010-07A6-48E0-		
	City Ridgeland	State MS	Zip Code 39157	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) David B. Messinger, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 01 / 2010
	Mailing Address 10 Mill Pond Lane	Transaction ID: 5565A007256B7D651AD
	City State Zip Code New Rochelle NY 10805-2128	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sound Shore Cardiology PC INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Gary M. Minkiewicz, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 3141 Tanyard Branch Road	Transaction ID: C511A5D539705A81176
	City State Zip Code Gainesville GA 30506-1634	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Northeast Georgia Heart Center PC 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) Sumit Mittle, M.D., F.A.	Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 2001 Marcus Avenue, Suite E-249	Transaction ID: D32326441E4DEF8EA70
	City State Zip Code New Hyde Park NY 11042-1000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Premier Cardiology Consultants, P.L.L. ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
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 26 / 46
(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)
Carlos Eduardo Morales, M.D., F.A.

Mailing Address 1801 S Fifth Street Suite 130

City State Zip Code
McAllen TX 78503-2915

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

Name of Employer Cardiovascular Consltnts of McAllen PA Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: A7AD78273E68FE740C5

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Narayan R. Mulamalla, M.D., F.A.

Mailing Address 1650 Lynnwood Court

City State Zip Code
Flossmoor IL 60422-1983

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 4FCECAA8B2931D76202

Amount of Each Receipt this Period
375.00

C.

Full Name (Last, First, Middle Initial)
Roger C. On, M.D., F.A.

Mailing Address 4215 Stern Avenue

City State Zip Code
Sherman Oaks CA 91423-4226

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
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: 1D598A921D5C306A953

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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 27 / 46
(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)
Paul A. Overlie, M.D., F.A.
Mailing Address 3710 21st Street
City Lubbock State TX Zip Code 79410-1220
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 02 / 01 / 2010
Transaction ID: 8026B12C-32AA-49C8-
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Janmejy J. Patel, B.M., F.A.
Mailing Address 308 Prince Charming Court
City Las Vegas State NV Zip Code 89145-8001
FEC ID number of contributing federal political committee. **C**
Name of Employer Las Vegas Heart Associates Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 18 / 2010
Transaction ID: 1145C304D745681D535
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Umesh A. Patel, M.D., F.A.
Mailing Address 132 East Ruelle Drive
City Mandeville State LA Zip Code 70471
FEC ID number of contributing federal political committee. **C**
Name of Employer CardioMed Clinic Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 06 / 2010
Transaction ID: 2B594DB4-00E0-49BA-
Amount of Each Receipt this Period 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 46
(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)
Ernest P. Phillips, M.D., F.A.

Mailing Address 12626 Mandarin Road

City State Zip Code
Jacksonville FL 32223-1711

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: B56AA7E22F7A6F7DF9C

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Kristen Rainear, D.O., F.A.

Mailing Address 2231 Rudolph Drive

City State Zip Code
Vineland NJ 08361-6183

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

Name of Employer Occupation
Wachspres, Shatkin & RainearCardiolog ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2010

Transaction ID: C06D50076847AD7D97C

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
James S. Rellas, M.D., F.A.

Mailing Address 2200 Plantation Lane

City State Zip Code
Plano TX 75093-4221

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

Name of Employer Self-Employed Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 04AFFC3C9A6555B32EA

Amount of Each Receipt this Period
730.00

SUBTOTAL of Receipts This Page (optional) ► **1230.00**

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 29 / 46
(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)
Matthew W. Rowe, M.D., F.A.

Mailing Address 1 Northeast Drive

City State Zip Code
Bangor ME 04401-4332

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

Name of Employer Northeast Cardiology Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: CFC457BDB6349538196

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sylvia J. B. Rushing, M.D., F.A.

Mailing Address 5913 Cleveland Place

City State Zip Code
Metairie LA 70003-1047

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

Name of Employer Siegel, Vorhoff & Rushing APMC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 6DDE855582DEDC37B6F

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cyrus Samai, M.D.

Mailing Address 926 Drewry St NE

City State Zip Code
Atlanta GA 30306-3800

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

Name of Employer Self-Employed
Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: F3C45D877F3AC1A4EF3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 46
(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)
Sirumugai M. Saravanan, M.B.B.S.,
Mailing Address 1116 North 16th South

City State Zip Code
Lafayette IN 47904-2119

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

Name of Employer Occupation
Clarian Arnett Health ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 7D155A9A97E8489F93F

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Michele P. Sartori, M.D., F.A.
Mailing Address 2102 Rice Boulevard

City State Zip Code
Houston TX 77005-1639

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 871F70C96591DFCF055

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Benjamin M. Schaefer, M.D., F.A.
Mailing Address One Northeast Drive

City State Zip Code
Bangor ME 04401-4332

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

Name of Employer Occupation
Northeast Cardiology Associates ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 38E33E3A59C291C8699

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1365.00**

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 31 / 46
(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)
Fareed R. Shaikh, M.B.B.S.,
Mailing Address 4379 Bridgeside Place

City State Zip Code
New Albany OH 43054-7053

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

Name of Employer Self-Employed Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2010

Transaction ID: 8C35823DA00611A56E7

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Khosro Shareghi, M.D., F.A.
Mailing Address 750 Boehms Court

City State Zip Code
Great Falls VA 22066-2600

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 9129B75481D1367FB2C

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Fawwaz M. Shoukfeh, M.D., F.A.
Mailing Address 3710 21st Street

City State Zip Code
Lubbock TX 79410-1220

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

Name of Employer Texas Cardiac Center Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2010

Transaction ID: 2B72317C7FF3425AA0D

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 46
(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 H. Silver, M.D., F.A.

Mailing Address 2455 Londonderry Drive

City Akron State OH Zip Code 44333-2946

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

Name of Employer: Akron Cardiology Consultants Inc
Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 01 / 2010
Transaction ID: F02807280F9AE8775FB
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Kuddythamby Sinnathamby, M.B.B.S.

Mailing Address 5538 Philadelphia Drive

City Dayton State OH Zip Code 45415-3062

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: 02 / 18 / 2010
Transaction ID: 383FE885CADAEDD1391
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
George L. Smith, Jr., M.D.,

Mailing Address 3536 Mendocino Avenue Suite 200

City Santa Rosa State CA Zip Code 95403-3634

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 ▼ 2500.00

Date of Receipt: 02 / 23 / 2010
Transaction ID: C0C1C34AB5712CD084E
Amount of Each Receipt this Period: 2500.00

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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 33 / 46
(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)
George Peter Stacy, Jr., M.D.,
Mailing Address 7403 Cedar Bluff Court

City Prospect State KY Zip Code 40059-9496

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: 02 / 18 / 2010
Transaction ID: D3977112BBB02A5B1A5
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Emily M. Taylor, NP
Mailing Address 926 Drewry St NE

City Atlanta State GA Zip Code 30306-3800

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

Name of Employer Wellstar Cardiovascular Medicine Occupation Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 18 / 2010
Transaction ID: B58E505DDC630B74899
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Louis E. Teichholz, M.D., F.A.
Mailing Address 30 Prospect Avenue

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack University Medical Center Division Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 18 / 2010
Transaction ID: 54145ABA4659D6792D9
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 46
	<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) Aneesh V. Tolat, M.D., F.A.		Date of Receipt
	Mailing Address 72 Blue Ridge Lane		<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
	City	State	Zip Code
	West Hartford	CT	06117-2313
	FEC ID number of contributing federal political committee. C		Transaction ID: 8C45ED2BFEF51F4EE5E
Name of Employer Self-Employed		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 ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Todd G. Tolbert, M.D.		Date of Receipt
	Mailing Address 210 Heady Drive		<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
	City	State	Zip Code
	Nashville	TN	37205-4416
	FEC ID number of contributing federal political committee. C		Transaction ID: 40B5A097BA4E31959B6C
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) Uma S. Valeti, M.B.B.S.,		Date of Receipt
	Mailing Address 856 Great Oaks Trail		<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
	City	State	Zip Code
	Saint Paul	MN	55123-2434
	FEC ID number of contributing federal political committee. C		Transaction ID: 516A5610E5A60E9AD7D
Name of Employer St Paul Heart Clinic PA		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
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 35 / 46
(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)
Robert N. Vincent, M.D., C.M.

Mailing Address 2835 Brandywine Road
Suite 300

City Atlanta State GA Zip Code 30341-5540

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

Name of Employer Self-Employed Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 01 / 2010
Transaction ID: 9913A572D24E6EFAA86
Amount of Each Receipt this Period 1000.00

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

Mailing Address 23606 Wilderness Canyon Road

City Rapid City State SD Zip Code 57702-6528

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

Name of Employer The Heart Doctors Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 18 / 2010
Transaction ID: 5EAE0319BA492187924
Amount of Each Receipt this Period 2000.00

C. Full Name (Last, First, Middle Initial)
Diane E. Wallis, M.D., F.A.

Mailing Address 3825 Ighland Avenue
Suite 400

City Downers Grove State IL Zip Code 60515-4457

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 23 / 2010
Transaction ID: 098D7C1CA36E9DD4265
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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 36 / 46
(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)
Jonathan Craig Waltman, M.D., F.A.
Mailing Address 1401 Harrodsburg Rd. Suite A-300

City Lexington State KY Zip Code 40504-3787

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 02 / 23 / 2010
Transaction ID: 1E9DF12769AD3E6E6AB
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
L. Samuel Wann, M.D., M.A.
Mailing Address 4776 N Cumberland Boulevard

City Milwaukee State WI Zip Code 53211-1147

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

Name of Employer University of Wisconsin, Madison and M Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 23 / 2010
Transaction ID: 00C2BF9FD4E3901A187
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
George Andrew Waters, M.D., F.A.
Mailing Address 2 Hayward Street

City Attleboro State MA Zip Code 02703-2113

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

Name of Employer Sturdy Memorial Hospital Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2010
Transaction ID: 4C79DBF152279473081
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Donald R. Westerhausen, Jr., M.D.,		Date of Receipt MM / DD / YYYY 02 / 05 / 2010
	Mailing Address 52346 Spring Arbor Ct.		Transaction ID: C0EEF07A-DD92-469E-
	City Granger	State IN	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Midwest Medical Group, LLC		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Richard F. Wilks, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 18 / 2010
	Mailing Address 121 La Escalera		Transaction ID: 12E0308B3C4031F06A7
	City San Antonio	State TX	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY
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) Jeffrey L. Williams, M.D., F.A.		Date of Receipt MM / DD / YYYY 02 / 23 / 2010
	Mailing Address 6 Wheatland Circle		Transaction ID: 54434C165D7A1A765FF
	City Lebanon	State PA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
	Name of Employer Lebanon Cardiology Associates		Occupation ELECTROPHYSIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 38 / 46
(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)
Leroy M. Willson, Jr., M.D.,

Mailing Address 20 Emerald Lane

City Mansfield State GA Zip Code 30055-2105

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
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 2191126F92ABF256B20

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Bret A. Witter, M.D., F.A.

Mailing Address 5340 El Prado Avenue

City Long Beach State CA Zip Code 90815-3909

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
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 9D6325EF9CEA28CE2E2

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Sonny J. H. Wong, M.D., F.A.

Mailing Address 885 Mokulua Drive

City Kailua State HI Zip Code 96734-3107

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
MM / DD / YYYY
02 / 23 / 2010

Transaction ID: 6750912143F8C308616

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 46

(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)
Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue

City State Zip Code
Los Angeles CA 90049

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

Name of Employer Occupation
Pacific Heart Institute ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: 4B7ABB25BF9A2F223F2F

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Michael J. Zakrzewski, D.O., F.A.

Mailing Address 858 Fulton Avenue

City State Zip Code
Lansdale PA 19446-5387

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

Name of Employer Occupation
Cardio Consultants of Philadelphia ADULT CARDIOLOGY

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

Date of Receipt

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

Transaction ID: 8BA0FF6A432ED74225D

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Christine M. Zirafi, M.D., F.A.

Mailing Address 21330 Avalon Drive

City State Zip Code
Rocky River OH 44116-1124

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

Name of Employer Occupation
Cardiovascular Clinics, Inc. INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

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

Transaction ID: DE411CF2726A976ADC0

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

49717.00

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

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

FOR LINE NUMBER: PAGE 40 / 46
(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) American College of Cardiology - Admin Account		Date of Receipt MM / DD / YYYY 02 / 16 / 2010
	Mailing Address P.O. Box 85024		Transaction ID: F3D384EB45C286F6A2A
	City Richmond	State VA	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 599.37
	Name of Employer	Occupation	Reimburse. for January Am- ex and February Merchant Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1430.10		

SUBTOTAL of Receipts This Page (optional)	599.37
TOTAL This Period (last page this line number only)	599.37

**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 41 / 46

<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) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement February Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V55ADF8A92F30958D389 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 209.40
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement February Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: MEB750634F1A6E149512 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 530.80
	<input type="text" value="001"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

740.20

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

740.20

**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) Cates for Congress</p> <p>Mailing Address 11 Timber Grace Court</p> <p>City Blairsville State GA Zip Code 30546</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Christopher U. Cates, MD</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 09</p>	<p>Transaction ID: 83CF4C9FBA49BFDFDC6</p> <p>Date of Disbursement 02 / 04 / 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) Charlie Dent for Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 15</p>	<p>Transaction ID: 6B368134C5AC2906162</p> <p>Date of Disbursement 02 / 03 / 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) Friends of John McCain Inc</p> <p>Mailing Address PO Box 16664</p> <p>City Arlington State VA Zip Code 22215</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AZ District:</p>	<p>Transaction ID: 185DC3817965646FFD5</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Gene Taylor for Congress Committee</p> <p>Mailing Address PO Box 3838</p> <p>City Bay St. Louis State MS Zip Code 39520</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Gene Taylor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E354F990BCB39E37DDD</p> <p>Date of Disbursement MM / DD / YYYY 02 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Jim Gerlach for Congress Committee</p> <p>Mailing Address PO Box 87</p> <p>City Uwchland State PA Zip Code 19480</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James W. Gerlach</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 1771D2F40FA11DB3D27</p> <p>Date of Disbursement MM / DD / YYYY 02 / 03 / 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) Kenny Marchant for Congress</p> <p>Mailing Address PO Box 110187</p> <p>City Carrollton State TX Zip Code 75011</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Kenny Marchant</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 737A8C096E35EE44259</p> <p>Date of Disbursement MM / DD / YYYY 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</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)

<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) McCollum for Congress <hr/> Mailing Address PO Box 14131 <hr/> City St. Paul State MN Zip Code 55114 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Betty McCollum <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7BB525622D6EF5D421A Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress <hr/> Mailing Address PO Box 2334 <hr/> City Denton State TX Zip Code 76202 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael C. Burgess <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 6FE8990DFBB415C0CAE Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2010 General Candidate Name Pete Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F31D9B629C3131E952C Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 1 0
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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)

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

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

A. Full Name (Last, First, Middle Initial) Peters for Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gary C. Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 459D676F859D8A7A0AA Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	3	/	2	0	1	0
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	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
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<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																				
011																					
B. Full Name (Last, First, Middle Initial) Robert Aderholt for Congress <hr/> Mailing Address PO Box 1158 <hr/> City Haleyville State AL Zip Code 35565 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Robert B. Aderholt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 04 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2FE50489F9400179FA5 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	1	8	/	2	0	1	0
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011																					

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

25500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mayank K. Parikh, M.B.B.S.,

Mailing Address 3 Millcroft Place

City
Sugar Land

State
TX

Zip Code
77479-4203

Purpose of Disbursement
Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: 00D0946CE4A3A4B036B

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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