



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="46353.91"/>	<input type="text" value="46353.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="157402.75"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="26654.17"/>	<input type="text" value="223105.37"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="184056.92"/>	<input type="text" value="269459.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="52676.95"/>	<input type="text" value="138079.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="131379.97"/>	<input type="text" value="131379.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	20010.45	178281.93
(ii) Unitemized .....	4066.65	35635.89
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24077.10	213917.82
(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) .....	24077.10	213917.82
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).....	2577.07	9187.55
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	26654.17	223105.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	26654.17	223105.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2676.95	9287.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2676.95	9287.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	128500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	291.66
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	291.66
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	52676.95	138079.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	52676.95	138079.31

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	24077.10	213917.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	291.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24077.10	213626.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2676.95	9287.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2577.07	9187.55
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	99.88	100.10

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

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

FOR LINE NUMBER: PAGE 6 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. C. Oluremi Adesanya M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 Hedge Gate Blvd  
 City State Zip Code  
 Beavercreek OH 45431-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dayton VA Medical CenterDepartment of ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 08BFD8D06707B00AC54**  
 Amount of Each Receipt this Period  
 250.00

**B. C. Oluremi Adesanya M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2160 Hedge Gate Blvd  
 City State Zip Code  
 Beavercreek OH 45431-3909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dayton VA Medical CenterDepartment of ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : C4409E215CD89986152**  
 Amount of Each Receipt this Period  
 250.00

**C. Jay H. Alexander M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2256 Carlyle Ct  
 City State Zip Code  
 Buffalo Grove IL 60089-4695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 North Shore Cardiologists, SC ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 455FBB608F0549032CDF**  
 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 7 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Rene J. Alvarez Jr., M.D.,</b>			Date of Receipt
Mailing Address 425 McKean Dr			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 45ED8563ADBAA75DF12E</b>
Wexford	PA	15090-7327	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.34"/>
Name of Employer	Occupation		
University of Pittsburgh Medical Cente	HEART FAILURE/TRANSPLANT		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Juan M. Aranda Jr., M.D.,</b>			Date of Receipt
Mailing Address 356 Turkey Crk			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 4B31A31B7064DDCD2592</b>
Alachua	FL	32615-9367	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Shands at the University of Florida	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Rafael Ason M.D., F.A.</b>			Date of Receipt
Mailing Address 7100 W 20th Ave Ste 501			<input type="text" value="04"/> / <input type="text" value="27"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 8CCAF1109A949132C4F</b>
Hialeah	FL	33016-1811	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="730.00"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="730.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1063.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 8 OF 43  
(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. Michael D. Barron M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7535 Rooses Dr  
 City State Zip Code  
 Indianapolis IN 46217-5492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Indiana Heart Physicians, Inc ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 5F9A343220B5FEF9158**  
 Amount of Each Receipt this Period  
 250.00

**B. R. Allen Baum M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9014 Highlands Cv  
 City State Zip Code  
 Boerne TX 78006-4843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : 4870ADC0752C8DC6BCE**  
 Amount of Each Receipt this Period  
 250.00

**c. Lou-Anne M. Beauregard M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22 Sunrise Cir  
 City State Zip Code  
 Holmdel NJ 07733-1115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Heart Specialists Central Jersey ADULT CARDIOLOGY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 5BA5784154A7520972D**  
 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 9 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vivek J. Bhaktaram M.B.B.S.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 709 Shadow Wood Dr  
 City Edmond State OK Zip Code 73034-7063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : FCDF471D49E2334C779**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

**B. Seth D. Bilazarian M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Park Way  
 Cardiology Suite  
 City Haverhill State MA Zip Code 01830-6278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pentucket Medical Associates Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : 00E3734A805ED01D224**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**C. Kathleen Blake M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15 Charles Plz  
 Apt 1402  
 City Baltimore State MD Zip Code 21201-3941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : 4F6B96DB1F7B9A80F894**  
 Amount of Each Receipt this Period  
 83.34  
 Aggregate Year-to-Date ▼  
 333.35

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 833.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Alfred A. Bove M.D., Ph.D</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2012 <b>Transaction ID : 48F9AFA46FE056969CC1</b>
Mailing Address 110 Anton Rd		Amount of Each Receipt this Period 100.00
City Wynnewood	State PA	Zip Code 19096-1226
FEC ID number of contributing federal political committee. C		
Name of Employer Temple University Hospital	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. William A. Bradley M.D., F.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 <b>Transaction ID : EC2EB5D769373B069AB</b>
Mailing Address 210 Cornell Street Suite #101		Amount of Each Receipt this Period 375.00
City Plattsburgh	State NY	Zip Code 12901
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Ralph G. Brindis M.D., M.P.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 09 / 2012 <b>Transaction ID : 4974968B0370416083F0</b>
Mailing Address 1410 Monterey Blvd		Amount of Each Receipt this Period 100.00
City San Francisco	State CA	Zip Code 94127-2554
FEC ID number of contributing federal political committee. C		
Name of Employer Kaiser Foundation Hospital	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Alan S. Brown M.D., F.A.</b>			Date of Receipt
Mailing Address 1912 Alta Vista Ct			<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 43B0B4CF835836D1A217</b>
Naperville	IL	60563-1815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="100.00"/>
Name of Employer	Occupation		
Midwest Heart SpecialistsEdward Heart	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Christine Browning M.D., F.A.</b>			Date of Receipt
Mailing Address 3813 Seminary Ave			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 7631D1396E6F74510B1</b>
Richmond	VA	23227-4111	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Richmond Cardiology Associates, Inc	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) <b>C. James C. Buell M.D., F.A.</b>			Date of Receipt
Mailing Address 25603 Mesa Rnch			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 599CD7364C1315C1D7D</b>
San Antonio	TX	78258-4826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph G. Cacchione M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5740 Hickory Knoll Ct  
 City Fairview State PA Zip Code 16415-3246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 21 / 2012  
**Transaction ID : 4782822B477BE9DCF5FC**  
 Amount of Each Receipt this Period 83.34

**B. Hollace D. Chastain II, M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1819 Braemar Dr  
 City Fort Wayne State IN Zip Code 46814-9364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2012  
**Transaction ID : 442FABC41BEF1A309391**  
 Amount of Each Receipt this Period 100.00

**C. Richard A. Chazal M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 671 N Town and River Dr  
 City Fort Myers State FL Zip Code 33919-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Heart Group Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 04 / 07 / 2012  
**Transaction ID : 4D3A92ECC9A44B2F848E**  
 Amount of Each Receipt this Period 83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	266.67
<b>TOTAL</b> 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 13 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dave Yu Chua M.D., M.S.</b>			Date of Receipt
Mailing Address 5180 Ridge Rd			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 6513E063F63E846DAB2</b>
Lisle	IL	60532-3386	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer	Occupation		
Dreyer Medical Clinic	PREVENTIVE CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael P. Cinquegrani M.D., F.A.</b>			Date of Receipt
Mailing Address 14755 Ridgemoor Dr			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 279C32144B92511ABD2</b>
Elm Grove	WI	53122-1135	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Medical College of Wisconsin	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>c. Lianna S. Collinge, CAE CAE, Unkno</b>			Date of Receipt
Mailing Address 4014 88th Ave NW			<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 4333B8162AAEA8ED8A02</b>
Gig Harbor	WA	98335-6157	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="90.00"/>
Name of Employer	Occupation		
Washington Chapter of the ACC	ADMINISTRATION		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="358.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1455.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 14 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Christopher J. Cooper M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28754 E River Rd  
 City Perrysburg State OH Zip Code 43551-2728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Toledo Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 43E1AE380AD98938ED39**  
 Amount of Each Receipt this Period 200.00

**B. George H. Crossley III, M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 Stratton Pl  
 City Brentwood State TN Zip Code 37027-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : 40A9B5B89954E4DBFC07**  
 Amount of Each Receipt this Period 250.00

**C. Christopher R. Ellis M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Rosa L Parks Blvd  
 McE#5209  
 City Nashville State TN Zip Code 37208-2569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Heart and Vascular Institut Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 5E572121AE3C85252F3**  
 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 815.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christopher R. Ellis M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 Rosa L Parks Blvd  
 McE#5209  
 City Nashville State TN Zip Code 37208-2569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt Heart and Vascular Institut Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 30 / 2012  
**Transaction ID : 99F2C1708079F2C7932**  
 Amount of Each Receipt this Period 365.00

**B. Blair D. Erb Jr., M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 905 Highland Blvd  
 Ste 4330  
 City Bozeman State MT Zip Code 59715-6901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiology Consultants, P.A. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 345.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : 41CDAA2CC9952A52067D**  
 Amount of Each Receipt this Period 85.00

**C. David M. Evans M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Ashlei Ln  
 City Searcy State AR Zip Code 72143-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 09 / 2012  
**Transaction ID : 47249E04B4012FDF02F0**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**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 16 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Chester J. Falterman M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1458 Avellino Cir  
 City Murfreesboro State TN Zip Code 37130-7608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **573.32**

Date of Receipt **04 / 15 / 2012**  
**Transaction ID : 49AE9DB5832065532702**  
 Amount of Each Receipt this Period **80.00**

**B. Chester J. Falterman M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1458 Avellino Cir  
 City Murfreesboro State TN Zip Code 37130-7608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **573.32**

Date of Receipt **04 / 25 / 2012**  
**Transaction ID : 43FAADF18C1173CA092F**  
 Amount of Each Receipt this Period **83.33**

**C. James Vannoy Faris M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3716 E Devonshire Ln  
 City Bloomington State IN Zip Code 47408-9654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Premier Healthcare Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : AC548CA2247447DB933**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **413.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. James W. Fasules M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2718 Stephenson Ln NW  
 City Washington State DC Zip Code 20015-1504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.68

Date of Receipt 04 / 09 / 2012  
**Transaction ID : 4883992AB3ADEE86FCB6**  
 Amount of Each Receipt this Period 166.67

**B. Gordon L. Fung M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1837 10th Ave # 1609  
 City San Francisco State CA Zip Code 94122-4601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCSF Medical Center at Mt. Zion Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 04 / 07 / 2012  
**Transaction ID : 4D19A06FF35DF9072A44**  
 Amount of Each Receipt this Period 83.33

**C. Michael F. Gilson M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Prospect St  
 City Providence State RI Zip Code 02906-1446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 03 / 2012  
**Transaction ID : 43A8A8D5DE129863E0F7**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**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 OF 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jerome L. Hines M.D., Ph.D</b>		Date of Receipt
Mailing Address 11 Salt Creek Ln Ste 2		M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2012
City Hinsdale	State IL	Zip Code 60521-3032
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 4CD8BCD576E3B268E91F</b>
Name of Employer Illinois Heart & Vascular		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.36	

Full Name (Last, First, Middle Initial) <b>B. Robert E. Hobbs M.D., F.A.</b>		Date of Receipt
Mailing Address 2713 Dryden Rd		M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2012
City Shaker Heights	State OH	Zip Code 44122-2701
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 494D9068ADDA3FBB24C0</b>
Name of Employer Cleveland Clinic		Amount of Each Receipt this Period
Occupation HEART FAILURE/TRANSPLANT		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.36	

Full Name (Last, First, Middle Initial) <b>C. David R. Holmes Jr., M.D.,</b>		Date of Receipt
Mailing Address 1122 21st St NE		M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2012
City Rochester	State MN	Zip Code 55906-4059
FEC ID number of contributing federal political committee. C		<b>Transaction ID : 4F489707FF54E8565BA8</b>
Name of Employer Mayo Clinic		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		83.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Daniel J. Humiston M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1928 Maple Hollow Way  
 City Bountiful State UT Zip Code 84010-1041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utah Cardiology, PC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 21 / 2012  
**Transaction ID : 4C0E924A74AB37DDD56D**  
 Amount of Each Receipt this Period 125.00

**B. Pamela A. Ivey M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 Quail Run Rd  
 City Henderson State NV Zip Code 89014-2148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Consultants of Nevada Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 04 / 21 / 2012  
**Transaction ID : 4D92AB0FADA51E6C7FC5**  
 Amount of Each Receipt this Period 210.00

**C. Joseph M. Kiernan III, M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Ridgewood Ct NE  
 City Vienna State VA Zip Code 22180-3571  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Cardiovascular Group, PC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 27 / 2012  
**Transaction ID : 7724019EF59E3BBD026**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 585.00  
**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 21 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Gilead I. Lancaster M.D., F.A.**

Mailing Address 15 Mine Hill Rd

City Redding State CT Zip Code 06896-2701

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

Name of Employer Bridgeport Hospital Dept of Echo Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 21 / 2012**

**Transaction ID : 4EB7A40DBABA85E80FE0**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**B. Thomas J. Lewandowski M.D., F.A.**

Mailing Address 113 Limekiln Dr

City Neenah State WI Zip Code 54956-4213

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

Name of Employer Appleton Cardiology ThedaCare Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **04 / 21 / 2012**

**Transaction ID : 4F91A88112E455EFC1E6**

Amount of Each Receipt this Period **150.00**

Full Name (Last, First, Middle Initial)  
**C. Sandra J. Lewis M.D., F.A.**

Mailing Address 5342 SW Hewett Blvd

City Portland State OR Zip Code 97221-2254

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

Name of Employer NW Cardiovascular Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 09 / 2012**

**Transaction ID : 4C19B6895666FFB40041**

Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... **333.34**

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

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

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

FOR LINE NUMBER: PAGE 22 OF 43  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Albert B. Mercer M.D., F.A.**

Mailing Address 1120 Griffith Ave

City Owensboro State KY Zip Code 42301-2812

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

Name of Employer Green River Heart Institute Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 19 / 2012**  
**Transaction ID : 40E99455A887EE8405DD**

Amount of Each Receipt this Period **100.00**

Full Name (Last, First, Middle Initial)  
**B. Margo B. Minissian ACNP-BC, M**

Mailing Address 444 S San Vicente Blvd Ste 600

City Los Angeles State CA Zip Code 90048-4174

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

Name of Employer Cedars Sinai Heart Institute Womens He Occupation PREVENTIVE CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.02**

Date of Receipt **04 / 01 / 2012**  
**Transaction ID : 42259B1F61D6D59FDCDA**

Amount of Each Receipt this Period **208.34**

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

Mailing Address 7193 Collingwood Ct

City Elkridge State MD Zip Code 21075-5548

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

Name of Employer Chesapeake CardioVascular Associates Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : 4068921EAE713387DEDD**

Amount of Each Receipt this Period **83.34**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **391.68**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard C. Padgett M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 Constantine Pl  
 City Eugene State OR Zip Code 97405-9551  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Cardiology P.C. Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 18 / 2012**  
**Transaction ID : 8D0F7AB946CF59CDC73**  
 Amount of Each Receipt this Period **500.00**

**B. Richard D. Patten M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 133 Brick Mill Rd  
 City Bedford State NH Zip Code 03110-5155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New England Heart Institute/Catholic M Occupation HEART FAILURE/TRANSPLANT  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : FBB650E8CB834CB939D**  
 Amount of Each Receipt this Period **500.00**

**C. John W. Pickrell M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1909 Elkhorn Valley Dr  
 City Casper State WY Zip Code 82609-4620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wyoming CardioPulmonary Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **04 / 21 / 2012**  
**Transaction ID : 49E1B98299698C406B6A**  
 Amount of Each Receipt this Period **85.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1085.00**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 24 OF 43  
(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. David J. Pinnelas M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Hopi Ct  
 City Manalapan State NJ Zip Code 07726-4628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shore Heart Group Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.66

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : 466F94B35F9AD3E21A27**  
 Amount of Each Receipt this Period  
 70.00

**B. Ranganatha Prasad Potu M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11527 W Emerald Oaks Dr  
 City Crystal River State FL Zip Code 34428-2815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2012  
**Transaction ID : 999D8550-5C28-4A8B-**  
 Amount of Each Receipt this Period  
 250.00

**C. James B. Powers M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Bowdoin Dr  
 City Falmouth State ME Zip Code 04105-2557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Maine Cardiology Associates Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2012  
**Transaction ID : 43EAB946408D7681BA8F**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 420.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sarah Rinehart M.D., F.A.</b>			Date of Receipt
Mailing Address 2620 Danforth Ln			<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : A2BE5F8E3A0E1FA70DE</b>
Decatur	GA	30033-2213	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="365.00"/>
Name of Employer	Occupation		
Cardiology; Piedmont Heart Institute	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="365.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Michael E. Ring M.D., F.A.</b>			Date of Receipt
Mailing Address 122 W 7th Ave Ste 450			<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 42C3A0D8097E766291AC</b>
Spokane	WA	99204-2339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.34"/>
Name of Employer	Occupation		
Heart Clinics Northwest	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.36"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. George P. Rodgers M.D., F.A.</b>			Date of Receipt
Mailing Address 2441 Westlake Dr			<input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : 43ACAFD6F0D3915CA328</b>
Austin	TX	78746-2950	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.34"/>
Name of Employer	Occupation		
Self-Employed	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.02"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="531.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Matthew T. Rogers M.D., F.A.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 2908 Juneau Dr		<b>Transaction ID : 33A694538FADDDAC316</b>
City Cedar Park	State TX	Zip Code 78613-2537
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Seton Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) <b>B. David A. Rosenbaum M.D., F.A.</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2012
Mailing Address 3625 Cherry Plum Dr		<b>Transaction ID : 45E9839BF4099614906C</b>
City Colorado Springs	State CO	Zip Code 80920-2826
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 208.34
Name of Employer Pikes Peak Cardiology	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

Full Name (Last, First, Middle Initial) <b>c. John S. Rumsfeld M.D., Ph.D</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2012
Mailing Address 250 S Dahlia St		<b>Transaction ID : 438EBE3880E9ABD8D55A</b>
City Denver	State CO	Zip Code 80246-1049
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.33
Name of Employer Denver VA Medical Center, University o	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	656.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael K. Schroyer RN, A.A.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9065 Pebblepoint Cir  
 City Zionsville State IN Zip Code 46077-8992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Vincent Heart Center of Indiana Occupation ADMINISTRATION  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **352.00**

Date of Receipt **04 / 15 / 2012**  
**Transaction ID : 4CCC9FCCD1943BE66A3E**  
 Amount of Each Receipt this Period **88.00**

**B. Lyle A. Siddoway M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25 Monument Rd Ste 200  
 City York State PA Zip Code 17403-5049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiac Diagnostic Associates Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 02 / 2012**  
**Transaction ID : CD1918C4-668F-4333-**  
 Amount of Each Receipt this Period **1000.00**

**C. Narendra Singh M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6350 Haddington Ln  
 City Johns Creek State GA Zip Code 30024-5304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Atlanta Heart Specialists Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **341.66**

Date of Receipt **04 / 09 / 2012**  
**Transaction ID : 4865973ABDB52E41B286**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **1188.00**  
**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 28 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Samer Y. Siouffi M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Moreau Way  
 City State Zip Code  
 Plattsburgh NY 12903-4015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Champlan Valley Physicians Hospital ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : 0D7EEFA8B7E9E5ED22A**  
 Amount of Each Receipt this Period  
 240.00

**B. Robert D. Slama III, M.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 44 Edgewood Rd  
 City State Zip Code  
 Summit NJ 07901-3988  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Summit Medical Group ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : 47FC8FBA6414F544109**  
 Amount of Each Receipt this Period  
 750.00

**C. Michael E. Stillabower M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1211 Barley Mill Rd  
 City State Zip Code  
 Wilmington DE 19807-2225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Christiana Care Cardiology Consultants ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2012  
**Transaction ID : C98A2FB0A5B9587733A**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1490.00
<b>TOTAL</b> 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 29 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. James V. Talano Sr., M.D.,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 <b>Transaction ID : 6D6545CC7CB7109B69D</b>
Mailing Address 1801 Kingfish Rd		Amount of Each Receipt this Period 250.00
City Naples	State FL	Zip Code 34102-1550
FEC ID number of contributing federal political committee. C		
Name of Employer SWICFT Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Suma A. Thomas M.D., F.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2012 <b>Transaction ID : 44169EABF97386885CC7</b>
Mailing Address 7620 Old Georgetown Rd Apt 1214		Amount of Each Receipt this Period 208.34
City Bethesda	State MD	Zip Code 20814-6182
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

Full Name (Last, First, Middle Initial) <b>C. Paul D. Thompson M.D., F.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 18 / 2012 <b>Transaction ID : 1951B7A2661AC4C0154</b>
Mailing Address 30 Metacom Dr		Amount of Each Receipt this Period 150.00
City Simsbury	State CT	Zip Code 06070-1850
FEC ID number of contributing federal political committee. C		
Name of Employer Hartford Hospital Division of Cardiolg	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	608.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Benjamin Tillinger M.D., F.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2012 <b>Transaction ID : B63F336C-68EC-4D84-</b>
Mailing Address 59 Ornac Emerson Cardiovascular Associates		Amount of Each Receipt this Period 500.00
City Concord	State MA	
Zip Code 01742-3317		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Emerson Cardiovascular Associates	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. William R. Vetter M.D., F.A.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012 <b>Transaction ID : 41F8C9ADAC11E47BF7F</b>
Mailing Address 5301 F St Ste 117		Amount of Each Receipt this Period 250.00
City Sacramento	State CA	
Zip Code 95819-3220		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Krishnaswami Vijayaraghavan M.B.B.S.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 21 / 2012 <b>Transaction ID : 45A2BB7C1666583713B5</b>
Mailing Address 2817 E Ludlow Dr		Amount of Each Receipt this Period 83.34
City Phoenix	State AZ	
Zip Code 85032-5665		Aggregate Year-to-Date ▼ 333.36
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) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.34
<b>TOTAL</b> 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 32 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Howard T. Walpole Jr., M.D.,**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 Northumberland

City Nashville State TN Zip Code 37215-4123

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

Name of Employer: Self-Employed Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.68

Date of Receipt: 04 / 09 / 2012  
**Transaction ID : 47E6B835FEE4CC0F744C**

Amount of Each Receipt this Period: 416.67

**B. Mary Norine Walsh M.D., F.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 428 W 83rd Pl

City Indianapolis State IN Zip Code 46260-4905

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

Name of Employer: St Vincent Heart Center of Indiana Occupation: HEART FAILURE/TRANSPLANT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 29 / 2012  
**Transaction ID : 45BB934D3DDE9A3D42DF**

Amount of Each Receipt this Period: 100.00

**C. Bruce A. Watt M.D., F.A.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2109 S Main Ave

City Sioux Falls State SD Zip Code 57105-3827

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

Name of Employer: North Central Heart Institute Occupation: ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt: 04 / 21 / 2012  
**Transaction ID : 47298A7587A6E6D11A4C**

Amount of Each Receipt this Period: 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.01

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert C. Wesley Jr., M.D.,**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8841 Montagna Dr  
 City Las Vegas State NV Zip Code 89134-6148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 21 / 2012**  
**Transaction ID : 4B5F8F9E467509D27869**  
 Amount of Each Receipt this Period **84.00**

**B. Michael C. Widmer M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2753 NE Red Oak Dr  
 City Bend State OR Zip Code 97701-8348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.32**

Date of Receipt **04 / 29 / 2012**  
**Transaction ID : 476CAC99ED61EEFE050A**  
 Amount of Each Receipt this Period **83.33**

**C. Michael S. Womack M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2225 E Solitude Ct  
 City Boise State ID Zip Code 83712-7576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatric Cardiology Occupation PEDIATRIC CARD.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : 6F6414D6E327DBC19AD**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **532.33**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janet Fredal Wyman MSN, NP, A**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 960 Westchester Rd  
 City Grosse Pointe Park State MI Zip Code 48230-1830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Henry Ford Hospital Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2012  
**Transaction ID : 4FC1BF195A4939A77E49**  
 Amount of Each Receipt this Period  
 83.34

**B. Laura Leigh H. Younce M.D., F.A.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9809 Indian Trail Fairview Rd  
 City Indian Trail State NC Zip Code 28079-6768  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 27 / 2012  
**Transaction ID : 356DFE81A4E215F67DB**  
 Amount of Each Receipt this Period  
 500.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	583.34
<b>TOTAL</b> This Period (last page this line number only).....▶	20010.45

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

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

FOR LINE NUMBER: PAGE 35 OF 43  
(check only one)

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

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

**A. American College of Cardiology - Admin Account**

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
9187.55

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2012

**Transaction ID : F7EB766AB4FF2565286**

Amount of Each Receipt this Period  
2577.07

Reimbursement for March Amex Fees and April Merchant Fees

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2577.07
<b>TOTAL</b> This Period (last page this line number only).....▶	2577.07

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
April 2012 Amex Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : V75D24C9BE8404AD4BD5**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
April 2012 Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : M1BF6CCDD89D8A93B0EF**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Allyson Schwartz for Congress**

Mailing Address PO Box 2232

City State Zip Code  
Jenkintown PA 19046

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Allyson Y. Schwartz**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 13

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2012

Transaction ID : C3D3DE79206D60A669B

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Cap PAC**

Mailing Address PO Box 70980

City State Zip Code  
Washington DC 20024

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Cap PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012

Transaction ID : 05F2FD4FBC49FC41F5B

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Charlie Dent for Congress**

Mailing Address PO Box 442

City State Zip Code  
Allentown PA 18105

Purpose of Disbursement  
2012 General

011

Candidate Name

**Charles W. Dent**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 26 / 2012

Transaction ID : F3D0213A8DA574AD2FE

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Democratic Senatorial Campaign Committee**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : ECAC031E7D2468ADDC3

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Joseph Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : D3F6CB577029FF1D6CE

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement  
2012 General

011

Candidate Name

**Joseph Heck Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : 68770A69C4561982FDF

Amount of Each Disbursement this Period

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

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

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

1	6	5	0	0	0
---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Joe Pitts**

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement  
2012 General

011

Candidate Name

**Joseph R. Pitts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2012

**Transaction ID : 8841EBB66B923E44F6A**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Gingrey for Congress, Inc.**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
2012 General

011

Candidate Name

**Phil Gingrey**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 11

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 6B8F1458FC65A37CD45**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Hatch Election Committee Inc**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement  
2012 General

011

Candidate Name

**Orrin G. Hatch**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: UT District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : CEF266B35B4B4638392**

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Kenny Marchant for Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Kenny Ewell Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 84F5675C8C673ADE09B**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC--MC PAC**

Mailing Address PO Box 10134

City State Zip Code  
Bakersfield CA 93389

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

**Majority Committee PAC--MC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 67050A46ADB33001D55**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Palazzo for Congress**

Mailing Address 13155 Highway 67 Suite B

City State Zip Code  
Biloxi MS 39532

Purpose of Disbursement  
Voided 2/2/12 Disbursement

011

Candidate Name

**Steven M. Palazzo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 2C0BCDB4EEA7E72AD60**

Amount of Each Disbursement this Period

-1000.00

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Richard E Neal for Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Richard Edmund Neal**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MA District: 01

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 1B209D524A3C337EF35**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 558EA9541653A6C90EC**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Roskam for Congress Committee**

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
2012 General

011

Candidate Name

**Peter J. Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : F5CF15DCBD97ABAF5CD**

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Searchlight Leadership Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : 897D9BBAB7E29680B6F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2012 Contribution

011

Category/  
Type

Candidate Name

**Searchlight Leadership Fund**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : D736D714628D5181BEE**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
2012 General

011

Category/  
Type

Candidate Name

**Patrick J. Tiberi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Contribution

State: OH District: 12

Date of Disbursement

MM / DD / YYYY  
04 / 26 / 2012

**Transaction ID : DD87480FE405EF03357**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tim Murphy for Congress**

Mailing Address PO Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement  
2012 General

011

Candidate Name

**Timothy F. Murphy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	2

Transaction ID : 18E1F4078768893FB1A

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Van Hollen for Congress**

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement  
2012 Primary

011

Candidate Name

**Chris Van Hollen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	1	2

Transaction ID : C1D7FF196091F3E5DFF

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period


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

6	0	0	0	0	0	0	0	0	0

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

5	0	0	0	0	0	0	0	0	0