

**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="2015"/>	<input type="text" value="36524.80"/>	<input type="text" value="36524.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="72740.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27597.78"/>	<input type="text" value="196338.58"/>
(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="100338.64"/>	<input type="text" value="232863.38"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23893.53"/>	<input type="text" value="156418.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="76445.11"/>	<input type="text" value="76445.11"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	21804.77	161311.92
(ii) Unitemized	3836.43	28958.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25641.20	190269.95
(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)	25641.20	190269.95
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).....	1956.58	6068.63
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))..... ▶	27597.78	196338.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27597.78	196338.58

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	1683.53	6041.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1683.53	6041.61
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22200.00	150200.00
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	10.00	176.66
(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)).....	10.00	176.66
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)) ..	23893.53	156418.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23893.53	156418.27

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25641.20	190269.95
34. Total Contribution Refunds (from Line 28(d))	10.00	176.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25631.20	190093.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1683.53	6041.61
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1956.58	6068.63
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	-273.05	-27.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 40
	<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

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

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

A. Jesse E. Adams F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1205 Isleworth Dr
 Ste 60
 City Louisville State KY Zip Code 40245-5221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisville Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 4C65A37C9459417F1BE8
 Amount of Each Receipt this Period
 83.34

B. Anne R. Albers PHD, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2694 Wexford Rd
 City Columbus State OH Zip Code 43221-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 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 / 17 / 2015
Transaction ID : FE013707-333B-45B9-
 Amount of Each Receipt this Period
 250.00

C. Frank J. Arena F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 54 Preserve Ln
 City Mandeville State LA Zip Code 70471-2937
 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 ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : D252A613AB60ABAD77B
 Amount of Each Receipt this Period
 350.00

SUBTOTAL of Receipts This Page (optional).....▶	683.34
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 7 OF 40
	<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. Amol S. Bapat MD
Full Name (Last, First, Middle Initial)

Mailing Address 195 Sherwood Pass

City Roswell State GA Zip Code 30075-6858

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

Name of Employer Cardiovascular Physicians of North Atl Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
04 / 30 / 2015
Transaction ID : 551D55B810FD7793879

Amount of Each Receipt this Period
250.00

B. John R. Bertuso F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 1108 Norfolk Pl

City Kingsport State TN Zip Code 37660-5829

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
04 / 29 / 2015
Transaction ID : 256A378E38640BBAA64

Amount of Each Receipt this Period
500.00

C. Alfred A. Bove PHD, M.A.C
Full Name (Last, First, Middle Initial)

Mailing Address 3401 N Broad St
Parkinson Pavilion Suite 920

City Philadelphia State PA Zip Code 19140-5103

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

Name of Employer Temple University Hospital Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
04 / 25 / 2015
Transaction ID : 46F58A07CEFE4B56017D

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 8 OF 40
	<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. Joseph G. Cacchione F.A.C.C.		Date of Receipt
Mailing Address 9500 Euclid Ave Desk J2-3		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 47B69F32BE68E6BC4BE3
Name of Employer Cleveland Clinic Foundation		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) B. Linda P. Calhoun F.A.C.C.		Date of Receipt
Mailing Address 106 Chimney Ln		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Wilmington	State NC	Zip Code 28409-4908
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 15D28C143BA14C5F6DE
Name of Employer Cape Fear Heart Associates		Amount of Each Receipt this Period
Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="500.00"/>		

Full Name (Last, First, Middle Initial) C. K. P. Channabasappa		Date of Receipt
Mailing Address 218 Kennett Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Old Hickory	State TN	Zip Code 37138-2115
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : OFD78E633304AD1BB35
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="250.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 40
	<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. Hollace D. Chastain F.A.C.C.		Date of Receipt
Mailing Address 4470 Brook Hollow Dr		M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2015
City	State	Zip Code
Fort Wayne	IN	46814-9742
FEC ID number of contributing federal political committee.		Transaction ID : 4A3B8BE37D9DD97F2894
C		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	
Fort Wayne Cardiology	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	400.00	

Full Name (Last, First, Middle Initial) B. Richard A. Chazal F.A.C.C.		Date of Receipt
Mailing Address 671 N Town and River Dr		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2015
City	State	Zip Code
Fort Myers	FL	33919-5931
FEC ID number of contributing federal political committee.		Transaction ID : 4EAABC1716EB6FD98823
C		Amount of Each Receipt this Period
		83.34
Name of Employer	Occupation	
Lee Physician Group-The Heart Group	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	333.36	

Full Name (Last, First, Middle Initial) C. Lianna S. Collinge		Date of Receipt
Mailing Address 4507 Ray Nash Dr NW		M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2015
City	State	Zip Code
Gig Harbor	WA	98335-5884
FEC ID number of contributing federal political committee.		Transaction ID : 44FEAD78D6DD9BB68AB3
C		Amount of Each Receipt this Period
		83.33
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="checkbox"/> Other (specify) ▼	333.32	

SUBTOTAL of Receipts This Page (optional).....▶	266.67
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 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William G. Combs F.A.C.C.		Date of Receipt
Mailing Address 5722 Ricky Ridge Trl Ste 300		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Orefield	PA	18069-8800
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 188721C270F74E8A163
Name of Employer	Occupation	Amount of Each Receipt this Period
LVPG Cardiology	INTERVENTIONAL CARDIOLOGY	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Russell J. Cornell F.A.C.C.		Date of Receipt
Mailing Address 368 Lakehurst Rd Ste 301		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2015"/>
City	State	Zip Code
Toms River	NJ	08755-7339
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 6C10A137CDF4082D39E
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiology Consultants	ADULT CARDIOLOGY	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="730.00"/>	

Full Name (Last, First, Middle Initial) C. Russell J. Cornell F.A.C.C.		Date of Receipt
Mailing Address 368 Lakehurst Rd Ste 301		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Toms River	NJ	08755-7339
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 433C254C8A3C9FE76FF
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiology Consultants	ADULT CARDIOLOGY	<input type="text" value="365.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="730.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2230.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 40
	<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. George H. Crossley F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2015 Transaction ID : 4F5080D62AEAEA88ED27
Mailing Address 276 Stratton Pl Ste 5209		Amount of Each Receipt this Period 250.00
City Brentwood	State TN	Zip Code 37027-4228
FEC ID number of contributing federal political committee. C		
Name of Employer Vanderbilt University	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Sharon M. Dailey F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 29 / 2015 Transaction ID : C12E6F00EE551E4C31A
Mailing Address 4469 Fredericksburg Dr		Amount of Each Receipt this Period 500.00
City Mountain Brk	State AL	Zip Code 35213-1838
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) c. Timothy A. Dewhurst F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2015 Transaction ID : 46E89C8EA5B37F49D6BB
Mailing Address 4819 18th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98106-1548
FEC ID number of contributing federal political committee. C		
Name of Employer Group Health	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 40
	<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. Howard J. Eisen F.A.C.C.		Date of Receipt
Mailing Address 245 N 15th St Mail Stop 1012		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19102-1101
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 747EF0C87B90EC78EF7
Name of Employer Drexel University College of Medicine		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) B. David M. Evans F.A.C.C.		Date of Receipt
Mailing Address 130 Ashlei Ln		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2015"/>
City Searcy	State AR	Zip Code 72143-3024
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4B11A28B91FED6D90235
Name of Employer Heart Clinic Arkansas		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. James W. Fasules F.A.C.C.		Date of Receipt
Mailing Address 2718 Stephenson Ln NW		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Washington	State DC	Zip Code 20015-1504
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : DD379249BDDE08931BF
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation PEDIATRIC CARDIOLOGY		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2100.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Kevin Fitzpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 N St NW
 Heart House
 City Washington State DC Zip Code 20037-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 18 / 2015**
Transaction ID : 474188EE06EC0039BDC1
 Amount of Each Receipt this Period **83.34**

B. Andrew M. Freeman F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 S Saint Paul St
 City Denver State CO Zip Code 80210-2031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer National Jewish Health Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : 80E143EB251BB6F4DB0
 Amount of Each Receipt this Period **250.00**

C. Daniel Brown Friedman F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Cedar St SE
 Ste 7600
 City Albuquerque State NM Zip Code 87106-4921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Presbyterian Heart Group Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : 9FFF7534F32BBD7F108
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 40
	<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. Michael F. Gilson F.A.C.C.		Date of Receipt
Mailing Address 100 Prospect St		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2015"/>
City Providence	State RI	Zip Code 02906-1446
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 41FE8A54EDF3208A3E48
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Prospero B. Gogo F.A.C.C.		Date of Receipt
Mailing Address 111 Colchester Ave McClure1Cardiology		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4EF0B7D1516399F481B5
Name of Employer Interventional-Univ. of Vermont/Fletch		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) C. Frederick L. Grover F.A.C.C.		Date of Receipt
Mailing Address 3000 E Cedar Ave Room 6602, Msc310		<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2015"/>
City Denver	State CO	Zip Code 80209-3200
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 858EBA00C27297A95C4
Name of Employer University of Colorado		Amount of Each Receipt this Period
Occupation CARDIAC SURGERY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="433.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anuj Gupta F.A.C.C.		Date of Receipt MM / DD / YYYY 04 / 04 / 2015 Transaction ID : 454280D7C4B2044ECCE4
Mailing Address 1400 William St		Amount of Each Receipt this Period 200.00
City Baltimore	State MD	Zip Code 21230-4545
FEC ID number of contributing federal political committee.	C	
Name of Employer University of Maryland School of Medic	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.98	

Full Name (Last, First, Middle Initial) B. Sudhir K. Gupta F.A.C.C.		Date of Receipt MM / DD / YYYY 04 / 14 / 2015 Transaction ID : E68444CC19A1E8ED74E
Mailing Address 4 Jarrot Dr		Amount of Each Receipt this Period 250.00
City Shawnee	State OK	Zip Code 74801-7565
FEC ID number of contributing federal political committee.	C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) c. Thomas A. Haffey F.A.C.C.		Date of Receipt MM / DD / YYYY 04 / 01 / 2015 Transaction ID : 48F1AB3AAA216D27A9F2
Mailing Address 9141 Grant St Ste 140		Amount of Each Receipt this Period 83.34
City Thornton	State CO	Zip Code 80229-4367
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 ▼ 416.70	

SUBTOTAL of Receipts This Page (optional).....▶	353.34
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 16 OF 40
	<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. Thomas A. Haffey F.A.C.C.		Date of Receipt
Mailing Address 10933 Meade Ct		<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Westminster	State CO	Zip Code 80031-2124
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4DA4809E1AF6EAD7610A
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.34"/>
	<input type="text" value="416.70"/>	

Full Name (Last, First, Middle Initial) B. Shelley A. Hall F.A.C.C.		Date of Receipt
Mailing Address 5514 Yolanda Ln Ste 250		<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Dallas	State TX	Zip Code 75229-6440
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : C069AB55EE8E4712831
Name of Employer Baylor Univ. Medical Center	Occupation HEART FAILURE/TRANSPLANT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="500.00"/>
	<input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Jerome Hantman F.A.C.C.		Date of Receipt
Mailing Address 7706 Elmwood Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Fulton	State MD	Zip Code 20759-2503
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : BF54DC4C9FBB309EA4A
Name of Employer Cardiovascular Specialists of Central	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="833.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jerome Hantman F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : F7E40E3CCC7D2F8EDC7
Mailing Address 7706 Elmwood Rd		Amount of Each Receipt this Period 250.00
City Fulton	State MD	Zip Code 20759-2503
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiovascular Specialists of Central	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. John Gordon Harold M.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 07 / 2015 Transaction ID : 4C69B2BE37AE5508F621
Mailing Address 2473 Jupiter Dr		Amount of Each Receipt this Period 208.34
City Los Angeles	State CA	Zip Code 90046-1752
FEC ID number of contributing federal political committee. C		
Name of Employer Cedars-Sinai Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

Full Name (Last, First, Middle Initial) C. David R. Holmes M.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2015 Transaction ID : 4EF7A0E3AECE97FCDAB7
Mailing Address 200 1st St SW Smh MG4-523		Amount of Each Receipt this Period 83.34
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	541.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 40
	<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. Daniel J. Humiston F.A.C.C.		Date of Receipt
Mailing Address 2132 N 1700 W Ste 200		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2015
City Layton	State UT	Zip Code 84041-7060
FEC ID number of contributing federal political committee.	C	Transaction ID : 4EC199D293EFC4A0DDAF
Name of Employer Utah Cardiology, PC	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	208.34
	833.36	

Full Name (Last, First, Middle Initial) B. Vinaitheertha Perumal Jeyabarath F.A.C.C.		Date of Receipt
Mailing Address 4704 Jacks Point Ct		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2015
City Lutz	State FL	Zip Code 33558-8054
FEC ID number of contributing federal political committee.	C	Transaction ID : 7E8DDD2DD6E58F22699
Name of Employer Florida Cardiology Group - Brooksville	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	365.00
	365.00	

Full Name (Last, First, Middle Initial) C. Fred M. Kusumoto F.A.C.C.		Date of Receipt
Mailing Address 132 Lamp Lighter Ln		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2015
City Ponte Vedra Beach	State FL	Zip Code 32082-1941
FEC ID number of contributing federal political committee.	C	Transaction ID : C909B1A30A77BBE5AFF
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	500.00
	500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1073.34
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 19 OF 40
	<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. Gilead I. Lancaster F.A.C.C.
Full Name (Last, First, Middle Initial)

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 ▼ **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2015

Transaction ID : 421AB1611178B57B9128

Amount of Each Receipt this Period

83.34

B. Thomas G. Legalley F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 1 Marquette Dr

City Marquette	State MI	Zip Code 49855-5232
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2015

Transaction ID : DB46DF9E272592977C

Amount of Each Receipt this Period

250.00

C. Thomas J. Lewandowski F.A.C.C.
Full Name (Last, First, Middle Initial)

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 ▼ **630.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 07 / 2015

Transaction ID : 4E94B8F81E6C4CF5AEDA

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional).....▶	543.34
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 20 OF 40
	<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. Sandra J. Lewis F.A.C.C.
Full Name (Last, First, Middle Initial)

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 CARDIOI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **364.36**

Date of Receipt **04 / 07 / 2015**

Transaction ID : 4AF18346A9888B0149AB

Amount of Each Receipt this Period **83.34**

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

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 CARDIOI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **364.36**

Date of Receipt **04 / 21 / 2015**

Transaction ID : B43F545FC81862F4340

Amount of Each Receipt this Period **31.00**

C. Peter E. Linz F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 777 Jacqueline Ct

City Encinitas State CA Zip Code 92024-6657

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 **04 / 10 / 2015**

Transaction ID : 8EC70B60613C6A07BBA

Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **364.34**

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 21 OF 40
	<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. Timothy David Logan F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 11 / 2015
Mailing Address 1030 Harrington St Ste 101		Transaction ID : C85D1417-BBC4-40A7-
City Mount Clemens	State MI	Zip Code 48043-2967
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Macomb Cardiovascular Group, P.C.	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
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. Kathleen E. Magness F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address 3014 Hollow Rd		Transaction ID : 977614DDCC4E5DD0BBE
City Malvern	State PA	Zip Code 19355-8660
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Sunil V. Mankad F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 12 / 2015
Mailing Address 200 1st St SW Gonda 5 South Room 5-209		Transaction ID : 477AB1C402116043C107
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	

SUBTOTAL of Receipts This Page (optional).....▶	583.33
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 22 OF 40
	<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. Wayne S. Margolis F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 132 Grand Chase Dr
 City State Zip Code
 Nederland TX 77627-4800
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed CLINICAL CARDIOLOGY/GENERAL CARDIO
 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 / 10 / 2015
Transaction ID : 6FE77AD60F30017A0B8
 Amount of Each Receipt this Period
 250.00

B. J. Jeffrey Marshall F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Enota Dr NE
 Ste 200
 City State Zip Code
 Gainesville GA 30501-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Heart Center ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.02

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 4A338FE5344965CCF5E5
 Amount of Each Receipt this Period
 208.34

C. Jose R. Martinez F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1000
 City State Zip Code
 Manati PR 00674-1000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Centro Cardiovascular de Manati III, C 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 / 14 / 2015
Transaction ID : 8ADC43BEE74BC48A367
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	958.34
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 23 OF 40
	<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. Matthew W. Martinez F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1250 S Cedar Crest Blvd
 Ste 300
 City Allentown State PA Zip Code 18103-6381
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lehigh Valley Health Network Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 06 / 2015
Transaction ID : 346426550E139CCEE9C
 Amount of Each Receipt this Period
300.00

B. Prabodh M. Mehta F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1110 Cave Run Ln
 Ste A
 City Elizabethtown State KY Zip Code 42701-5541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Cardiology Associates Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 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 / 2015
Transaction ID : 188EC8B36D6924C0AA3
 Amount of Each Receipt this Period
50.00

C. Judson S. Millhon F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2343 Coventry Rd
 Fl 2
 City Columbus State OH Zip Code 43221-4242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clinical Cardiology Specialists Inc Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **365.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015
Transaction ID : 19C2AC2BA639542F7D5
 Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)..... **715.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 40
	<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. Margo B. Minissian CNS,MSN,A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 127 S San Vicente Blvd
 Ste A9306
 City Los Angeles State CA Zip Code 90048-3311
 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 ▼ 552.00

Date of Receipt 04 / 16 / 2015
Transaction ID : 42419177AD0A04169A1E
 Amount of Each Receipt this Period 184.00

B. Marc A. Mugmon F.A.C.C.
 Full Name (Last, First, Middle Initial)
 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 / 12 / 2015
Transaction ID : 459E9C03860DD5E664FC
 Amount of Each Receipt this Period 83.34

C. Roberto Pacheco F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Quail Chase
 City Springfield State IL Zip Code 62711-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prairie Cardiovascular Consultants
 Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.32

Date of Receipt 04 / 25 / 2015
Transaction ID : 4E7DB240F194D5F24015
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶ 350.67
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 25 OF 40
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Roberto Pacheco F.A.C.C.		Date of Receipt
Mailing Address 3305 Quail Chase		M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2015
City Springfield	State IL	Zip Code 62711-7850
FEC ID number of contributing federal political committee. C		Transaction ID : DB5CB805D395A380EEB
Name of Employer Prairie Cardiovascular Consultants		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		333.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	666.32	

Full Name (Last, First, Middle Initial) B. Vaughn W. Payne F.A.C.C.		Date of Receipt
Mailing Address 9103 Crowne Springs Cir Suite 400		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2015
City Louisville	State KY	Zip Code 40241-8123
FEC ID number of contributing federal political committee. C		Transaction ID : 4E7F81A62BE7722E224A
Name of Employer Caresource		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		83.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	333.32	

Full Name (Last, First, Middle Initial) C. William H. Pentz F.A.C.C.		Date of Receipt
Mailing Address 230 W Washington Sq Fl 3		M M M / D D D / Y Y Y Y Y Y 04 / 01 / 2015
City Philadelphia	State PA	Zip Code 19106-3500
FEC ID number of contributing federal political committee. C		Transaction ID : 49BFA7EEBDF13043574E
Name of Employer Penn Cardiology At Pennsylvania Hospit		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	360.00	

SUBTOTAL of Receipts This Page (optional).....▶	506.33
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 26 OF 40
	<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 Pfeiffer F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 961 Timber Ln
 City Middletown State PA Zip Code 17057-3187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Milton S. Hershey Medical CenterDivisi Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : FFC822F368267B5D706
 Amount of Each Receipt this Period
 250.00

B. Matthew Phillips F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 12721 Monte Castillo Pkwy
 City Austin State TX Zip Code 78732-1631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Austin Heart, P.A. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 07 / 2015
Transaction ID : 4DFAB6EBD302DCF5DC3E
 Amount of Each Receipt this Period
 83.34

C. John W. Pickrell F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1230 E 1st St
 City Casper State WY Zip Code 82601-2704
 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
 M M / D D / Y Y Y Y Y Y
 04 / 18 / 2015
Transaction ID : 42A89DC9602865627908
 Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional).....	418.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 40
	<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 K. Powers F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 942 Anatole Ct NW

City Cleveland State TN Zip Code 37312-8244

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 04 / 30 / 2015
Transaction ID : 59F908437E674A94244

Amount of Each Receipt this Period 250.00

B. Geetha Raghuveer F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 5354 Mission Woods Rd

City Shawnee Mission State KS Zip Code 66205-2008

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

Name of Employer Children's Mercy Hospital Occupation PEDIATRIC CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt 04 / 07 / 2015
Transaction ID : 425584846E0B28610831

Amount of Each Receipt this Period 208.34

C. Scott Taylor Riebel F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 2183 Lois Ln

City Lancaster State PA Zip Code 17601-5752

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 ▼ 600.00

Date of Receipt 04 / 30 / 2015
Transaction ID : 2C16421A2B8F186DB1E

Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 758.34

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 28 OF 40
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David A. Rosenbaum F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14585 Millhaven Pl
 City Colorado Springs State CO Zip Code 80908-3267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHMG Cardiology 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 / 07 / 2015
Transaction ID : 4A78805FE20665378B1E
 Amount of Each Receipt this Period
 83.34

B. John S. Rumsfeld PHD, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 S Cherry St
 City Denver State CO Zip Code 80246-1031
 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 ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2015
Transaction ID : 4249BDC2A93AE836FBF3
 Amount of Each Receipt this Period
 83.33

C. Brian H. Sarter F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Fallbrooke Dr
 Abby Medical Center
 City Kennett Square State PA Zip Code 19348-2688
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiology Physicians, P.A. Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : 7867D1206AC93C100C2
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1166.67
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 29 OF 40
	<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 A.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9065 Pebblepointe 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 **250.02**

Date of Receipt **04 / 07 / 2015**
Transaction ID : 42F0B72D7F6CD52CC951
 Amount of Each Receipt this Period **83.34**

B. Trilok C. Sharma F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 13131 Chase Moor
 City Strongsville State OH Zip Code 44136-4635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Medicine Associates Inc Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : 7607C6A9C06122203F5
 Amount of Each Receipt this Period **250.00**

C. Peter N. Smith F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 N Oak Ave
 City Marshfield State WI Zip Code 54449-5703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marshfield Clinic Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : 2C973328E13FEE6818E
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 40
	<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 E. Stillabower F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1211 Barley Mill Rd
 City Wilmington State DE Zip Code 19807-2225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christiana Care Cardiology Consultants Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : A801AC4EA7D03C4ADB
 Amount of Each Receipt this Period **500.00**

B. Sally G. Tamayo F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Lauderdale Dr
 City Chesapeake State VA Zip Code 23322-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Naval Medical Center Portsmouth, VA Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 14 / 2015**
Transaction ID : 8E24D0661346512C180
 Amount of Each Receipt this Period **250.00**

C. Linda L. Tavares RN, ACNP,
 Full Name (Last, First, Middle Initial)
 Mailing Address 9611 Carterwood Rd
 City Richmond State VA Zip Code 23229-7668
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Associates of Virginia, Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 06 / 2015**
Transaction ID : B7EB8D78776C30804D5
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **1000.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 40
	<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. Suma A. Thomas F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 W Lakeside Ave
 Apt 801
 City Cleveland State OH Zip Code 44113-5517
 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 **833.36**

Date of Receipt **04 / 25 / 2015**
Transaction ID : 451489DA86E0CC2C74AF
 Amount of Each Receipt this Period **208.34**

B. Poonam Velagapudi
 Full Name (Last, First, Middle Initial)
 Mailing Address University Of Missouri
 DC095
 City Columbia State MO Zip Code 65212-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Missouri Health Sciences Occupation Cardiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 29 / 2015**
Transaction ID : 488C342E4FAB2ED1762
 Amount of Each Receipt this Period **250.00**

C. Asif T. Wahid F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 145 S Emily Ct
 City High Point State NC Zip Code 27265-7669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation INVASIVE CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : 5BF0A6E77692AEDB689
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **708.34**
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 32 OF 40
	<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. Thad F. Waites F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 Richburg Rd
 City Hattiesburg State MS Zip Code 39402-9055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Heart Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.68

Date of Receipt 04 / 01 / 2015
Transaction ID : 4E1F89DE17FA0F9B649F
 Amount of Each Receipt this Period 208.34

B. Howard T. Walpole MBA, F.A.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 743 Spring St NE
 City Gainesville State GA Zip Code 30501-3715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Georgia Health System Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 541.66

Date of Receipt 04 / 27 / 2015
Transaction ID : 40B8A047BF1F23932B73
 Amount of Each Receipt this Period 83.33

c. Mary Norine Walsh F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 W 83rd PI
 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 / 2015
Transaction ID : 40CA94FBC99377373F15
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 391.67
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 40
	<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. Bruce A. Watt F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 S Main Ave
 City State Zip Code
 Sioux Falls SD 57105-3827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Central Heart Institute ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : 4DAB9BDCCAAC10E8135
 Amount of Each Receipt this Period
 83.33

B. Harvey J. White F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1020 El Pueblo Rd NW
 City State Zip Code
 Los Ranchos NM 87114-1203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Vessel Health ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2015
Transaction ID : D370DC56533FB1C03B0
 Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1083.33
TOTAL This Period (last page this line number only).....▶	21804.77

**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 40
<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 ▼
6068.63

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	10	/	2015

Transaction ID : 70FC664E6A1017CE8B1

Amount of Each Receipt this Period
1956.58

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

SUBTOTAL of Receipts This Page (optional).....▶	1956.58
TOTAL This Period (last page this line number only).....▶	1956.58

**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 2015 Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VFA296A3D7D4356E0E87

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 2015 Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : MA0FE9109ABBB8719BC1

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. Hoyer for Congress

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Primary

Candidate Name

Steny Hamilton Hoyer

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

Transaction ID : AC2870640BC34C94FCB

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2016 Primary

Candidate Name

Sander M. Levin

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MI District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	5

Transaction ID : DC7A6E5AA7AC2178371

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Lone Star Leadership PAC

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement
2015 Contribution

Candidate Name

Lone Star Leadership PAC

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : 48E994EF58B1BB55780

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

1	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Palazzo for Congress

Mailing Address 13155 Highway 67 Suite B

City Biloxi State MS Zip Code 39532

Purpose of Disbursement
2016 Primary

011

Candidate Name

Steven M. Palazzo

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: MS District: 04

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : 492A2D4B4C53C1F7AE8

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. People for Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

011

Candidate Name

Patricia Lynn Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : D3A60D11F4800F6BD91

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert Aderholt for Congress

Mailing Address PO Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement
2016 Primary

011

Candidate Name

Robert Brown Aderholt

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : 4D64344FFF0DFADB36E

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. Ryan Costello for Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Ryan A. Costello

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : 79519DF3A132EFE498A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ted Lieu for Congress

Mailing Address 6380 Wilshire Blvd #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
2016 Primary

011

Category/
Type

Candidate Name

Ted W. Lieu

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : DCBC72F734C22767D90

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tenn Political Action Committee Inc (TENN PAC)

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2015 Contribution

011

Category/
Type

Candidate Name

Tenn Political Action Committee Inc (TENN PAC)

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2015

Transaction ID : 31D7E76A5D8D10BF97A

Amount of Each Disbursement this Period

1000.00

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

3000.00

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. Volunteers for Shimkus

Mailing Address PO Box 661

City Collinsville State IL Zip Code 62234-0661

Purpose of Disbursement
2016 Primary

011

Candidate Name

John M. Shimkus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : B1B221205D7024D9ED9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

22200.00