

**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="2013"/>	<input type="text" value="71359.29"/>	<input type="text" value="71359.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="92158.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="24737.20"/>	<input type="text" value="208393.80"/>
(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="116896.19"/>	<input type="text" value="279753.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="60818.00"/>	<input type="text" value="223674.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56078.19"/>	<input type="text" value="56078.19"/>
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).....	18032.48	168362.41
(ii) Unitemized	4236.50	29310.84
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22268.98	197673.25
(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)	22268.98	197673.25
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).....	2468.22	10720.55
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))..... ▶	24737.20	208393.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24737.20	208393.80

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	2318.00	10674.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2318.00	10674.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58500.00	213000.00
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	0.04
(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	0.04
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)) ..	60818.00	223674.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	60818.00	223674.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22268.98	197673.25
34. Total Contribution Refunds (from Line 28(d))	0.00	0.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22268.98	197673.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2318.00	10674.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	2468.22	10720.55
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-150.22	-45.69

**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 38
	<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

Full Name (Last, First, Middle Initial) A. Jesse E. Adams III, M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013
Mailing Address 1205 Isleworth Dr Ste 400		Transaction ID : 4696AE658E6ED5EA52BC
City Louisville	State KY	Zip Code 40245-5221
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Medical Center Cardiologists	Occupation ADULT CARDIOLOGY	
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. Najeeb Ahmed M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013
Mailing Address 1914 Appian Way		Transaction ID : 44664820CC8B72AC67E
City Springfield	State OH	Zip Code 45503-2745
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Springfield Cardiology	Occupation INTERVENTIONAL 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. Juan M. Aranda Jr., M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2013
Mailing Address 356 Turkey Crk		Transaction ID : 449DAA6683A0D58416B8
City Alachua	State FL	Zip Code 32615-9367
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 208.34
Name of Employer Shands at the University of Florida	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.36	

SUBTOTAL of Receipts This Page (optional).....▶	791.68
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 8 OF 38
	<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 J. Bommer M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 46C39299A845E981ACE1
Mailing Address 4860 Y St Ste 2820		Amount of Each Receipt this Period 83.34
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		
Name of Employer UC Davis, Medical Center	Occupation ADULT CARDIOLOGY	
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. Alfred A. Bove M.D., Ph.D		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 4017986EDDB1CDC59B97
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) C. Ralph G. Brindis M.D., M.P.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 47729B2305B808B67DBD
Mailing Address 1410 Monterey Blvd		Amount of Each Receipt this Period 83.34
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 ▼ 333.36	

SUBTOTAL of Receipts This Page (optional).....▶	266.68
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 9 OF 38
	<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. Alan S. Brown M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 Alta Vista Ct
 City Naperville State IL Zip Code 60563-1815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Midwest Heart Specialists Edward Heart Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2013**
Transaction ID : 4029BD03E4B42FACD9CD
 Amount of Each Receipt this Period **100.00**

B. 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 **250.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 435BA8F02A881058A1A9
 Amount of Each Receipt this Period **125.00**

C. 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 / 2013**
Transaction ID : 4C67B675810FC3734DA8
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard A. Chazal M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 07 / 2013 Transaction ID : 42EA81BD3F7CBF64E977
Mailing Address 671 N Town and River Dr		Amount of Each Receipt this Period 83.33
City Fort Myers	State FL	Zip Code 33919-5931
FEC ID number of contributing federal political committee. C		
Name of Employer The Heart Group	Occupation ADULT CARDIOLOGY	
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) B. Dave Yu Chua M.D., M.S.		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : 7A9F7EF6A60458BBA63
Mailing Address 5180 Ridge Rd		Amount of Each Receipt this Period 365.00
City Lisle	State IL	Zip Code 60532-3386
FEC ID number of contributing federal political committee. C		
Name of Employer Dreyer Medical Clinic	Occupation PREVENTIVE 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) C. Bernard A. Clark III, M.D.,		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : 473F90BF1C29FA53DAD1
Mailing Address 95 Johnny Cake Ln		Amount of Each Receipt this Period 50.00
City Glastonbury	State CT	Zip Code 06033-2545
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Hospital and Medical Cente	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional).....▶	498.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 38
	<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. Lianna S. Collinge, Cae CAE, Unkn
 Full Name (Last, First, Middle Initial)
 Mailing Address 4014 88th Ave NW
 City Gig Harbor State WA Zip Code 98335-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Washington Chapter of the ACC Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **270.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 4F3882230E551F9B3E5E
 Amount of Each Receipt this Period **90.00**

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 **1250.00**

Date of Receipt **04 / 28 / 2013**
Transaction ID : 44C19175477CC6BC9CF0
 Amount of Each Receipt this Period **250.00**

C. Timothy A. Dewhurst M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5620 W Mercer Way
 City Mercer Island State WA Zip Code 98040-4841
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Group Health Cooperative Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 46ED9D93A5BE9BBAFF49
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional).....	440.00
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 38
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Rodoljub Z. Dimitrijevic M.D., F.A.		Date of Receipt
Mailing Address 3361 Chickering Ln		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bloomfield Hills	MI	48302-1415
FEC ID number of contributing federal political committee.		Transaction ID : 2809929036D51B8C7BA
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Self-Employed		<input type="text" value="1000.00"/>
Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Fortune A. Dugan M.D., F.A.		Date of Receipt
Mailing Address 3009 Palm Vista Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Kenner	LA	70065-1560
FEC ID number of contributing federal political committee.		Transaction ID : 04AD068C363E0BB5D4E
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Cardiology Consultants of Louisiana		<input type="text" value="250.00"/>
Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Arthur Lee Eberly III, M.D.,		Date of Receipt
Mailing Address PO Box 8795		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Greenville	SC	29604-8795
FEC ID number of contributing federal political committee.		Transaction ID : 4C0EA84AED07345AD0BD
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Carolina Cardiology		<input type="text" value="209.00"/>
Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="836.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1459.00"/>
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 38
	<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. Blair D. Erb Jr., M.D.,		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 4202B4BFAEA4828FB920
Mailing Address 905 Highland Blvd Ste 4330		Amount of Each Receipt this Period 208.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 918.36	

Full Name (Last, First, Middle Initial) B. David M. Evans M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 09 / 2013 Transaction ID : 406FB97B95F17336B00F
Mailing Address 130 Ashlei Ln		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Chester J. Falterman M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2013 Transaction ID : 48D39ADC29B36AAC2FA3
Mailing Address 1458 Avellino Cir		Amount of Each Receipt this Period 80.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 653.32	

SUBTOTAL of Receipts This Page (optional).....▶	388.34
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 15 OF 38
	<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. Kevin Fitzpatrick PA-C		Date of Receipt
Mailing Address 2400 N St NW Heart House		M M M / D D D / Y Y Y Y Y Y 04 / 18 / 2013
City Washington	State DC	Zip Code 20037-1153
FEC ID number of contributing federal political committee. C		Transaction ID : 42169EBEB4225341F27E
Name of Employer American College of Cardiology		Amount of Each Receipt this Period
Occupation ADMINISTRATION		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. Gordon L. Fung M.D., F.A.		Date of Receipt
Mailing Address 1837 10th Ave # 1609		M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2013
City San Francisco	State CA	Zip Code 94122-4601
FEC ID number of contributing federal political committee. C		Transaction ID : 46C9836517C4AF8B6935
Name of Employer UCSF Medical Center at Mt. Zion		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. Jagadeesh R. Ganji M.D., F.A.		Date of Receipt
Mailing Address 10 Rosebay Ln		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013
City Greensboro	State NC	Zip Code 27455-3407
FEC ID number of contributing federal political committee. C		Transaction ID : 1908FB694946781A073
Name of Employer Heart Center-Carolineast Health System		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	416.67
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 16 OF 38
(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. Michael F. Gilson M.D., F.A.

Mailing Address 100 Prospect St

City Providence State RI Zip Code 02906-1446

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

Name of Employer Self-Employed
 Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 04 / 03 / 2013
Transaction ID : 4DC19ABA51D468CDACD

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Maruthi V. Gottimukkala M.D., F.A.

Mailing Address 1613 Arrowhead Pt Ste 200

City Virginia Beach State VA Zip Code 23455-4407

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

Name of Employer Cardiology Consultants Ltd
 Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 04 / 28 / 2013
Transaction ID : D918BF83-982E-4808-

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Jaime Henriquez M.D.

Mailing Address 301 W Huntington Dr Ste 301

City Arcadia State CA Zip Code 91007-1531

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 / 25 / 2013
Transaction ID : 8953422258C38950AD0

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00

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 17 OF 38
	<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 M.D., F.A.		Date of Receipt
Mailing Address 1928 Maple Hollow Way		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bountiful	UT	84010-1041
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 498AB886D92BED8E53A7
Name of Employer	Occupation	Amount of Each Receipt this Period
Utah Cardiology, PC	ADULT CARDIOLOGY	<input type="text" value="208.33"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="624.99"/>	

Full Name (Last, First, Middle Initial) B. Pamela A. Ivey M.D., F.A.		Date of Receipt
Mailing Address 52 Quail Run Rd		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Henderson	NV	89014-2148
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4101B179607AADEB9367
Name of Employer	Occupation	Amount of Each Receipt this Period
Cardiovascular Consultants of Nevada	CLINICAL CARDIOLOGY/GENERAL CARDIOI	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) C. Kathy J. Jenkins M.D., M.P.		Date of Receipt
Mailing Address 300 Longwood Ave		<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>
City	State	Zip Code
Boston	MA	02115-5724
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 1E1319861F8FB720058
Name of Employer	Occupation	Amount of Each Receipt this Period
Childrens Hospital Boston	PEDIATRIC CARD.	<input type="text" value="1000.00"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1291.67"/>
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 18 OF 38
	<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. Rachel D. Keever M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 901 Montrose Dr
 City Shelby State NC Zip Code 28150-6064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sanger Clinic Occupation ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 4E5BA07D4DFC128B586B
 Amount of Each Receipt this Period **500.00**

B. Jerry D. Kennett M.D., M.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4614 Copperstone Ct
 City Columbia State MO Zip Code 65203-1696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Cardiovascular Specialists Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 4358BA9486C21B3033AE
 Amount of Each Receipt this Period **250.00**

C. Smadar Kort M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Mimosa Dr
 City Roslyn State NY Zip Code 11576-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stony Brook University Medical Center Occupation ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **333.36**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 4303A25D47C9C3EFE3B4
 Amount of Each Receipt this Period **83.34**

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 19 OF 38
	<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. Fred M. Kusumoto M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2396
 City Tijeras State NM Zip Code 87059-2396
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : 8467F52C8A51535C3E5
 Amount of Each Receipt this Period **500.00**

B. James B. Lam M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Wood Ave
 City Metairie State LA Zip Code 70005-4206
 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 / 25 / 2013**
Transaction ID : 4D8FD1AAEC16C12BA0C
 Amount of Each Receipt this Period **250.00**

C. Gilead I. Lancaster M.D., F.A.
 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 **250.02**

Date of Receipt **04 / 01 / 2013**
Transaction ID : 4DF2B7AD4ABD2E1446F4
 Amount of Each Receipt this Period **83.34**

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 20 OF 38
	<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. Charles A. Laubach Jr., M.D.,		Date of Receipt
Mailing Address 217 Abbey Rd		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City Danville	State PA	Zip Code 17821-8422
FEC ID number of contributing federal political committee. C		Transaction ID : CC0BCF94AE2E3AB8A8F
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		250.00
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. Thomas J. Lewandowski M.D., F.A.		Date of Receipt
Mailing Address 113 Limekiln Dr		M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2013
City Neenah	State WI	Zip Code 54956-4213
FEC ID number of contributing federal political committee. C		Transaction ID : 436199D426F4AE0A8537
Name of Employer Appleton Cardiology ThedaCare		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		208.34
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) C. Barry K. Lewis D.O., F.A.		Date of Receipt
Mailing Address 30921 Roberts Dr		M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013
City Franklin	State MI	Zip Code 48025-1599
FEC ID number of contributing federal political committee. C		Transaction ID : DFA1930C65DC227E39A
Name of Employer Henry Ford Health System		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 21 OF 38
	<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. Sandra J. Lewis M.D., F.A.
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 CARDIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 04 / 25 / 2013
Transaction ID : 47478622BD5B1B5462B0

Amount of Each Receipt this Period 83.34

B. Jose Mathew M.B.B.S.,
Full Name (Last, First, Middle Initial)

Mailing Address 1101A Port Arthur Ter

City Leesville State LA Zip Code 71446-4635

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

Name of Employer Leesville Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2013
Transaction ID : B6F7228264BC5C659DA

Amount of Each Receipt this Period 250.00

C. Jose Mathew M.B.B.S.,
Full Name (Last, First, Middle Initial)

Mailing Address 1101A Port Arthur Ter

City Leesville State LA Zip Code 71446-4635

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

Name of Employer Leesville Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2013
Transaction ID : E66AB2E1F8E7A9DB678

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 22 OF 38
	<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. Margo B. Minissian ACNP-BC, M		Date of Receipt
Mailing Address 444 S San Vicente Blvd Ste 600		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90048-4174
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 495CAEECFEDF9EBAE58E
Name of Employer	Occupation	Amount of Each Receipt this Period
Cedars Sinai Heart Institute Womens He	PREVENTIVE CARDIOLOGY	<input type="text" value="208.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3333.36"/>	

Full Name (Last, First, Middle Initial) B. Marc A. Mugmon M.D., F.A.		Date of Receipt
Mailing Address 7193 Collingwood Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Elkridge	MD	21075-5548
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4BE9A5739ECA6EA71E2B
Name of Employer	Occupation	Amount of Each Receipt this Period
Chesapeake CardioVascular Associates	ADULT CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="333.36"/>	

Full Name (Last, First, Middle Initial) C. Walter A. Parham M.D., F.A.		Date of Receipt
Mailing Address 958 Cabernet Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Town And Country	MO	63017-8305
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : E91B7B78404A5912254
Name of Employer	Occupation	Amount of Each Receipt this Period
Mercy Cardiology Clinic	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="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="656.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38
	<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. Rajendra B. Patel M.D., F.A.			Date of Receipt
Mailing Address 16 Nolen Cir			<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 01915CE2BAE1E0AA2A7
Voorhees	NJ	08043-4109	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		
Gardenstate Cardiology Assoc., PC	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Vaughn W. Payne M.D., F.A.			Date of Receipt
Mailing Address 145 Hager Ln			<input type="text" value="04"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4BE19B77EE5553E471A9
Staffordsville	KY	41256-9144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="83.33"/>
Name of Employer	Occupation		
Kentucky Heart Institute	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="333.32"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John W. Pickrell M.D., F.A.			Date of Receipt
Mailing Address 1909 Elkhorn Valley Dr			<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code	Transaction ID : 4AC6818DDBF64137B122
Casper	WY	82609-4620	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="85.00"/>
Name of Employer	Occupation		
Wyoming CardioPulmonary	CLINICAL CARDIOLOGY/GENERAL CARDIOI		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="340.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="418.33"/>
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 24 OF 38
	<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. Geetha Raghuveer M.B.B.S.,
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 CARD.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 25 / 2013
Transaction ID : 4763899A383C4CA5F9E2
Amount of Each Receipt this Period 208.34

B. Sarah Rinehart M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 2620 Danforth Ln
City Decatur State GA Zip Code 30033-2213
FEC ID number of contributing federal political committee. **C**
Name of Employer Cardiology; Piedmont Heart Institute Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.00

Date of Receipt 04 / 25 / 2013
Transaction ID : 3AC8ED19CDB3BAB6B23
Amount of Each Receipt this Period 730.00

C. George P. Rodgers M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 11673 Jollyville Rd Ste 205-B
City Austin State TX Zip Code 78759-4200
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 416.66

Date of Receipt 04 / 23 / 2013
Transaction ID : 466F819F159AB5AB7197
Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional).....▶ 1021.67
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 25 OF 38
	<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. Orlando Rodriguez M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 Ave Ponce De Leon
 Torre Medica Auxilio Mutuo
 City Hato Rey State PR Zip Code 00917-5026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORV Interventional Cardiology Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt 04 / 25 / 2013
Transaction ID : 460DBB91DDB138362CB5
 Amount of Each Receipt this Period 83.34

B. David A. Rosenbaum M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 Cherry Plum Dr
 City Colorado Springs State CO Zip Code 80920-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pikes Peak Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 625.02

Date of Receipt 04 / 25 / 2013
Transaction ID : 48369C37468A4EBF1C64
 Amount of Each Receipt this Period 208.34

c. John S. Rumsfeld M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 250 S Dahlia St
 City Denver State CO Zip Code 80246-1049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver VA Medical Center, University o Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt 04 / 25 / 2013
Transaction ID : 4173BB6941E99109790C
 Amount of Each Receipt this Period 83.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 38
	<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

Full Name (Last, First, Middle Initial) A. Victor M. Salgado M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : 3D2B818CFDA25554C83
Mailing Address Las Praderas #6 Bo. Pueblo		Amount of Each Receipt this Period 500.00
City Hatillo	State PR	Zip Code 00659
FEC ID number of contributing federal political committee. C		
Name of Employer Centro Cardiovascular de Arecibo	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	
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. Michael K. Schroyer RN, A.A.C.		Date of Receipt MM / DD / YYYY 04 / 25 / 2013 Transaction ID : 41B68557C5ADECCDDDEF
Mailing Address 9065 Pebblepoint Cir		Amount of Each Receipt this Period 83.34
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 254.68	

Full Name (Last, First, Middle Initial) C. Harvey A. Schuchman M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : 286560D5F064BD38F69
Mailing Address 5328 S Havana Ct		Amount of Each Receipt this Period 500.00
City Englewood	State CO	Zip Code 80111-3816
FEC ID number of contributing federal political committee. C		
Name of Employer South Denver Cardiology Assoc PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1083.34
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 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marc E. Shelton M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 420CAC845D140145538F
Mailing Address 3700 Vanderbilt Cir PO Box 19420		Amount of Each Receipt this Period 83.34
City Springfield	State IL	Zip Code 62711-4012
FEC ID number of contributing federal political committee. C		
Name of Employer Prairie Cardiovascular Consultants Ltd	Occupation ADULT CARDIOLOGY	
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. John W. Shuck M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 25 / 2013 Transaction ID : 494DB66C26753B43827D
Mailing Address 1100 Forrest Ave		Amount of Each Receipt this Period 208.34
City Dover	State DE	Zip Code 19904-3309
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Consultants	Occupation ADULT CARDIOLOGY	
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) C. Thomas W. Smith M.D.		Date of Receipt M M / D D / Y Y Y Y Y 04 / 04 / 2013 Transaction ID : CF8E7E34-DD38-4A09-
Mailing Address 4860 Y St Division of Cardiology		Amount of Each Receipt this Period 250.00
City Sacramento	State CA	Zip Code 95817-2307
FEC ID number of contributing federal political committee. C		
Name of Employer University of California, Davis Medica	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 28 OF 38
	<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. Edward A. Solow M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 470 Clothier Rd
 City Wynnewood State PA Zip Code 19096-2311
 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 / 25 / 2013
Transaction ID : F47F1B508B0FE5F9452
 Amount of Each Receipt this Period
 250.00

B. Richard F. Terry M.D.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 Highland Park
 City Wheeling State WV Zip Code 26003-5473
 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 / 30 / 2013
Transaction ID : 4DE69BFE3D63F95E938
 Amount of Each Receipt this Period
 250.00

C. Suma A. Thomas M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7620 Old Georgetown Rd Apt 1214
 City Bethesda State MD Zip Code 20814-6182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : 4FB78027196EEDC8B5DC
 Amount of Each Receipt this Period
 208.34

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 30 OF 38
	<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. Thad F. Waites M.D., F.A.
 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 ▼ 833.36

Date of Receipt **04 / 30 / 2013**
Transaction ID : 48A18AFEE502907F8F89
 Amount of Each Receipt this Period 208.34

B. 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 ▼ 1250.01

Date of Receipt **04 / 25 / 2013**
Transaction ID : 4BCA9A30C824C8F22372
 Amount of Each Receipt this Period 416.67

c. 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 / 2013**
Transaction ID : 40A393B19EE8965B49C8
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.01
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 31 OF 38
	<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. Donald R. Westerhausen Jr., M.D.,
Full Name (Last, First, Middle Initial)

Mailing Address 52346 Spring Arbor Ct

City Granger State IN Zip Code 46530-6247

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2013
Transaction ID : 345F22E9117A50734AA

Amount of Each Receipt this Period 1000.00

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 / 2013
Transaction ID : 4F5D8EB2EFBA8FA3D611

Amount of Each Receipt this Period 83.33

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

Mailing Address 1038 S Carmelina Ave

City Los Angeles State CA Zip Code 90049-5810

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

Name of Employer Pacific Heart Institute Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 25 / 2013
Transaction ID : 40F7A90248DBE75A718F

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.33

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 32 OF 38
<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

A. Full Name (Last, First, Middle Initial)
Lambert A. Wu M.D., F.A.

Mailing Address 1524 NW Grove Ave

City Topeka	State KS	Zip Code 66606-1234
----------------	-------------	------------------------

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

Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 19 / 2013

Transaction ID : 4942B9182B14F15E3B81

Amount of Each Receipt this Period
83.34

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).....	83.34
TOTAL This Period (last page this line number only).....	18032.48

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

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

FOR LINE NUMBER: PAGE 33 OF 38
(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 ▼
10720.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2013

Transaction ID : 3373150A289FD32FB0D

Amount of Each Receipt this Period
2468.22

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2468.22
TOTAL This Period (last page this line number only).....▶	2468.22

**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 2013 Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : VFB4F8A0D503FFAE517C

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 2013 Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : M94FA687B77335D0DB98

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. Alexander for Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2014 Primary

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013

Transaction ID : 5CBE0216F638C5659F8

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address PO Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement
2014 Primary

011

Candidate Name

Xavier Becerra

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013

Transaction ID : 70695BC4C2C30F806D7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Defend America PAC

Mailing Address PO Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Defend America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Contribution

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2013

Transaction ID : B5116B0A616418ABEB2

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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
2013 Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : B165B7ABE688611FB32

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. Diane Black for Congress

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066-1437

Purpose of Disbursement
2014 Primary

011

Candidate Name

Diane Black

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 06

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : 95358F9FA4A6707E67B

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Freedom Project, The

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2013 Contribution

011

Candidate Name

Freedom Project, The

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	3

Transaction ID : AF2BF3D972EA8B0FB91

Amount of Each Disbursement this Period

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

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

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

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

2	2	5	0	0	0	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 John Boehner

Mailing Address 7908 Cincinatti Dayton Road
Suite I

City West Chester State OH Zip Code 45069-6628

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

John A. Boehner

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2013

Transaction ID : A7133CFFC74CA5EF0A6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Sessions Senate Committee Inc

Mailing Address PO Box 4278

City Montgomery State AL Zip Code 36103

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Jefferson Beauregard Sessions

Office Sought: House
 Senate
 President
State: AL District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : D24FB42C873DA56C1CE

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Levin for Congress

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement
2014 Primary

011
Category/
Type

Candidate Name

Sander M. Levin

Office Sought: House
 Senate
 President
State: MI District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 29 / 2013

Transaction ID : E0AA70FD572CB9870EF

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)..... ▶

