

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

2. **FEC IDENTIFICATION NUMBER** C00375360
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on 11 07 2006 in the State of
(d) 30-Day **Post -Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 10 01 2006 through 10 18 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard Goldberg
Signature of Treasurer Electronically Filed by Richard Goldberg Date 10 25 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		401220.04
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	333556.23									
(c) Total Receipts (from Line 19)	1058.13	221402.87								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	334614.36	622622.91								
7. Total Disbursements (from Line 31)	5638.46	293647.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	328975.90	328975.90								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American College of Cardiology Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

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	251.00	183992.64
(i) Itemized (use Schedule A)	0.00	27370.32
(ii) Unitemized	251.00	211362.96
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(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)	251.00	211362.96
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)	807.13	8039.91
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1058.13	221402.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1058.13	221402.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	638.46	7707.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	638.46	7707.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	5000.00	282689.66
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3250.00
(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	3250.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5638.46	293647.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5638.46	293647.01

DETAILED SUMMARY PAGE
of Disbursements

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)	251.00	211362.96
34. Total Contribution Refunds (from Line 28(d))	0.00	3250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	251.00	208112.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	638.46	7707.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	807.13	8039.91
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-168.67	-332.56

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 9	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

A. Full Name (Last, First, Middle Initial)
Paul Tucker

Mailing Address

City State Zip Code

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

Name of Employer
Texas Cardiovascular Cons-ults.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
251.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 6

Transaction ID: 1OBCH5SYAU9GY

Amount of Each Receipt this Period
251.00

PACWEB GENERATED CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	251.00
TOTAL This Period (last page this line number only)	▶	251.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 9
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

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 ▼
8039.91

Date of Receipt

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

Transaction ID: 81637-36037844419479

Amount of Each Receipt this Period
168.67

Reimburse for September Amex Fees

B. Full Name (Last, First, Middle Initial)
American College of Cardiology - Admin Account

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 ▼
8039.91

Date of Receipt

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

Transaction ID: 81637-11877077817916

Amount of Each Receipt this Period
638.46

Reimburse for Oct. Disc/M-erchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	807.13
TOTAL This Period (last page this line number only)	▶	807.13

**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

<p>A. Discover Business Services</p> <p>Full Name (Last, First, Middle Initial) Discover Business Services</p> <p>Mailing Address P.O. Box 3010</p> <p>City New Albany State OH Zip Code 43054</p> <p>Purpose of Disbursement October Discover Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: M91461-5145837664604</p> <p>Date of Disbursement 10 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 11.30</p> <p>001 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p>B. Merchant Services</p> <p>Full Name (Last, First, Middle Initial) Merchant Services</p> <p>Mailing Address 7300 Chapman Hwy</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement October Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: M91461-6548272967338</p> <p>Date of Disbursement 10 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 595.66</p> <p>001 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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<p>C. Wachovia Bank</p> <p>Full Name (Last, First, Middle Initial) Wachovia Bank</p> <p>Mailing Address C/O Nova Information Systems 7300 Chapman Hwy</p> <p>City Knoxville State TN Zip Code 37920</p> <p>Purpose of Disbursement October Merchant Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>		<p>Transaction ID: M91461-4056970477104</p> <p>Date of Disbursement 10 / 03 / 2006</p> <p>Amount of Each Disbursement this Period 31.50</p> <p>001 Category/Type</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
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SUBTOTAL of Disbursements This Page (optional) ► **638.46**

TOTAL This Period (last page this line number only) ► **638.46**

**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 Clay Shaw		Transaction ID: 92891-0884515643119 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6
Mailing Address PO Box 2188		Amount of Each Disbursement this Period 2500.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name E. Shaw	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress		
Mailing Address PO Box 307		Amount of Each Disbursement this Period 2500.00
City Elizabethtown State KY Zip Code 42702	Purpose of Disbursement Contribution 011 Category/ Type	
Candidate Name Ron Lewis	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00