

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 Washington DC 20037 1153 Check if different than previously reported. (ACC)

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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 09 01 2007 through 09 30 2007

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 16 2007

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		384594.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	320733.25									
(c) Total Receipts (from Line 19)	36970.95	288253.98								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	357704.20	672848.38								
7. Total Disbursements (from Line 31)	53693.46	368837.64								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	304010.74	304010.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	35260.33	226190.41
(i) Itemized (use Schedule A)	1230.00	55209.41
(ii) Unitemized	36490.33	281399.82
(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)	36490.33	281399.82
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	480.62	6854.16
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	36970.95	288253.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36970.95	288253.98

DETAILED SUMMARY PAGE

of Disbursements

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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.....	614.31	6978.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	614.31	6978.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53079.15	358708.99
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	3150.00
(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	3150.00
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))..	53693.46	368837.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	53693.46	368837.64

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)	36490.33	281399.82
34. Total Contribution Refunds (from Line 28(d))	0.00	3150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36490.33	278249.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	614.31	6978.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	480.62	6854.16
38. Net Operating Expenditures (subtract Line 37 from Line 36)	133.69	124.49

**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 6 / 46		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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)
Jay Alexander

Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60015-1884

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

Name of Employer North Shore Cardiologists, SC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 2fec8194824948af8953

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jay Alexander

Mailing Address 2151 Waukegan Road #100

City State Zip Code
Deerfield IL 60015-1884

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

Name of Employer North Shore Cardiologists, SC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3450.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 101107-VLFF1DBAC7C5

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Myrna Alexander

Mailing Address 971 Lakeland Drive, #850

City State Zip Code
Jackson MS 39216-4608

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

Name of Employer Self-Employed
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 084bb62eec1e4d7da07a

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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 / 46
	<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. Full Name (Last, First, Middle Initial) Elliott Antman Mailing Address 14 Briar Lane City Weston State MA Zip Code 02115-6110 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007 Transaction ID: 30a8a2e068134a2c8aea Amount of Each Receipt this Period 500.00
Name of Employer Brigham & Women's Hospital-Crdvsclr Div Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) John Aumiller Mailing Address 1250 Ben Ali Drive City Danville State KY Zip Code 40422-8937 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2007 Transaction ID: 244e0c924f675df4f76 Amount of Each Receipt this Period 500.00
Name of Employer Danville Cardiovascular Consultants Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) M. Wajid Baig Mailing Address 20 Great Road City Barrington State RI Zip Code 02806-1581 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007 Transaction ID: 296c59c283764f8fa198 Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 46
	<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 Bateman		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 4330 Wornall Road Suite 2000		Transaction ID: 101107-VLEF1DBA794F	
City State Zip Code Kansas City MO 64111-5939	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Consultants, 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		

Full Name (Last, First, Middle Initial) B. Alan Brown		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington Street		Transaction ID: 101107-VLEF1DBA84FD	
City State Zip Code Naperville IL 60567	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. John Brush		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1426 North Woodhouse		Transaction ID: 544fef1f26e2436f8d7d	
City State Zip Code Virginia Beach VA 23502-3927	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants, Ltd.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

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 9 / 46
	<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. Full Name (Last, First, Middle Initial)
Marsha Certain

Mailing Address 3010 Hampton Avenue

City Brunswick State GA Zip Code 31520-4224

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 9ea8700f271a4209bf60

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Hollace Chastain

Mailing Address 1819 Carew Street

City Fort Wayne State IN Zip Code 46805-4705

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2007

Transaction ID: 101107-VLEF1DBA84F7

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Fredric Christian

Mailing Address 83 Wheeler Street

City Rehoboth State MA Zip Code 02905-3248

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

Name of Employer Medical Office Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 21 / 2007

Transaction ID: 9828caa104b94d95a886

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 46
	<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 Cinquegrani		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 14755 Ridgemoor Drive		Transaction ID: 89c4c516396d4a62a358	
City State Zip Code Elm Grove WI 53226-3522	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Medical College of Wisconsin 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) B. David Clardy		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 737 Broadway		Transaction ID: 3b536b3d00f34cfea0a4	
City State Zip Code Fargo ND 58102-4421	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Meritcare Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Bernard Clark		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007	
Mailing Address 95 Johnny Cake Lane		Transaction ID: ed53542e0f714ce38e0c	
City State Zip Code Glastonbury CT 06105-1208	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Francis Hospital and Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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 11 / 46
	<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. Bernard Clark		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007
Mailing Address 114 Woodland Street		Transaction ID: 101107-VLFF1DB70B3F
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Robert Davidson		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 9646 Wendover Drive		Transaction ID: 516bbfab5aa04e328ca1
City State Zip Code Beverly Hills CA 90048-6101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Robert M. Davidson, M.D., Inc.	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. Donald Dembo		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 9430 Bantry Road 110 W Timonium Road		Transaction ID: c6bafd4530634438a7df
City State Zip Code Easton MD 21093-7303	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Johns Hopkins Cardiology at Timonium	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	_____

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 12 / 46
	<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. Henry Demots		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 3040 Northwest 153rd Avenue		Transaction ID: 25fc477dcd884192ac71
City State Zip Code Beaverton OR 97239-3011	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Oregon Health & Science University	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Yuri Deychak		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 10 Floral Park Court		Transaction ID: b6de0d4ba02a43de815d
City State Zip Code Gaithersburg MD 20817-1830	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardic Consultants Chartered	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. Amr El-Shafei		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 400 S 14th Street Suite 1011		Transaction ID: 99b932921580498b9b80
City State Zip Code Saint Louis MO 62864-2857	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Blair Erb		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 905 Highland Boulevard Suite 4330		Transaction ID: 3be1efa6830842709841	
City State Zip Code Bozeman MT 59715-6901	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Bozeman	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Monica Escarzaga		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1014 Indiana Street Northeast		Transaction ID: e72804a5d9ce4bf7bd65	
City State Zip Code Albuquerque NM 87110-6904	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Heart Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name (Last, First, Middle Initial) C. James Fasules		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 6 Cascades Drive 1900 Maryland		Transaction ID: ed23b5ab5b9f48c6b3bd	
City State Zip Code Little Rock AR 72202	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Children's Hospital Pediatric	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 586.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 46
	<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. Full Name (Last, First, Middle Initial)
James Fasules

Mailing Address Slot 512-3 Room G3005P-1
1900 Maryland

City State Zip Code
Little Rock AR 72202

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

Name of Employer Arkansas Children's Hospital Pediatric
Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
586.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2007

Transaction ID: 101107-VLEF1DBA84FB

Amount of Each Receipt this Period
42.00

B. Full Name (Last, First, Middle Initial)
Steven Fera

Mailing Address 30 Tomahawk Trail

City State Zip Code
Wakefield RI 02879

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

Name of Employer S County Cardiology Assocs Inc
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
09 / 21 / 2007

Transaction ID: d0ef0ebe1df545cfafde

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Anthony Fletcher

Mailing Address 19 Carmel Ln

City State Zip Code
Little Rock AR 72212-4400

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

Name of Employer Cardiology & Medicine Clinic
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 008d8f59cfbf43bd8d63

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	542.00
TOTAL This Period (last page this line number only)	

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

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

Full Name (Last, First, Middle Initial) A. Simon Flynn		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address Flynn Management Associates 100 Roscommon Drive Suite 320		Transaction ID: 09a1cdabf2a444b2b828 Amount of Each Receipt this Period 250.00
City Middletown State CT Zip Code 06457-7559	FEC ID number of contributing federal political committee. C	
Name of Employer Connecticut Chapter of the American Col Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Cardiologist Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Blair Foreman		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 309 Sunset Street		Transaction ID: acfd1446e65c4c03b10f Amount of Each Receipt this Period 250.00
City Iowa City State IA Zip Code 52803-2473	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Medicine PC Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ELECTROPHYSIOLOGY Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Michael Freed		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 7
Mailing Address 48 Warren Street 300 Longwood Avenue		Transaction ID: 58312e71c54247f88e7d Amount of Each Receipt this Period 250.00
City Newton State MA Zip Code 02115-5724	FEC ID number of contributing federal political committee. C	
Name of Employer Children's Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation PEDIATRIC CARD. Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 46
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 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. Full Name (Last, First, Middle Initial)
Patrick Frias

Mailing Address 2321 Old Ivey Walk

City State Zip Code
Stone Mountain GA 30087-2755

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

Name of Employer
Sibley Heart Center Cardiology

Occupation
PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: 9fdd76ca1c0347d986f1

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Derek Fyfe

Mailing Address 2375 Massey Lane

City State Zip Code
Decatur GA 30341-5540

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

Name of Employer
Sibley Hert Center Cardiology

Occupation
PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: 4400b946c1ef48708b4b

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Elliot Gerber

Mailing Address Paoli Memorial Med. Building 2 Sui

City State Zip Code
Paoli PA 19301

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

Name of Employer
Main Line Cardiology, PC

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 19 / 2007

Transaction ID: 7d19060dc1c240b5858c

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 46
	<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. Patrick Gorman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 4680 E Serenity Lane		Transaction ID: 8bb1699fe2b84fe9a64a	
City State Zip Code Idaho Falls ID 83406-8008	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Zubair Haq		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 3575 Fawnrun Drive Greater Cincinnati Cardiovascular		Transaction ID: a351c187dcb445839eec	
City State Zip Code Cincinnati OH 45239-6600	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greater Cincinnati Cardiovascular Cons Occupation ADULT CARDIOLOGY			
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) C. John Harold		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 2473 Jupiter Dr		Transaction ID: ab17ee27ebac45e79541	
City State Zip Code Los Angeles CA 90046-1752	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cedars-Sinai Medical Center Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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 18 / 46
	<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. Mohammed Haseeb		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007
Mailing Address 4204 Williamson Place PO Box 789		Transaction ID: 50aff55c55f34be78c50
City State Zip Code Mount Vernon IL 62864-6705	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiology Suite	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Ibrahim Helmy		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 575 E Hardy Street #305		Transaction ID: 19073a38f799402798cf
City State Zip Code Inglewood CA 90301-4083	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
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. J. Chris Higgins		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 35 Edgewood Road		Transaction ID: 20ce5df0e1a946f9be84
City State Zip Code Cornwall VT 05753-8537	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Champlain Valley Cardiovascular Associ	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) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**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 19 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Honan		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 4329 Corinth Drive		Transaction ID: ba5099644e2844c78c0a	
City Birmingham	State AL	Zip Code 35209-6807	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CardioVascular Associates	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Geilan Ismail		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 1399 Weimer Road Box 5775		Transaction ID: d3732456670d44cfb151	
City Taos	State NM	Zip Code 87571-6340	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Taos Medical Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Richard Jantz		Date of Receipt M M / D D / Y Y Y Y Y 09 / 19 / 2007	
Mailing Address 7190 S Espana Way		Transaction ID: d20dfaa581214466b73a	
City Aurora	State CO	Zip Code 80016-2138	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ancil Jones		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address PO Box 324		Transaction ID: 50bae6a548254bcd35e	
City Swarthmore	State PA	Zip Code 19013-3902	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Philadelphia	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) B. Harold Karpman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1812 Angelo Drive 414 N Camden Drive #1100		Transaction ID: 89e7cf612a074a16b159	
City Beverly Hills	State CA	Zip Code 90210-4517	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Medical Group	Occupation ADULT CARDIOLOGY		
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) C. Kevin Kelly		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 4405 Old Mill Road		Transaction ID: fe5d1ec865ff459992d9	
City Fort Wayne	State IN	Zip Code 46807-2551	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 46
	<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. Zia Kidwai		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 10 Andrea Court		Transaction ID: 33a0dcfe8d3146b2b867	
City Westport	State MA	Zip Code 02721-3005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Fall River Heart Assoc.	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. Jay Kleiman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1875 S James Court North		Transaction ID: 905f3340eb4842fca81d	
City Lake Forest	State IL	Zip Code 60045-4624	
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Peter Klementowicz		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 10 Allds Street Apt. 365		Transaction ID: 135a060b6cf04021a097	
City Nashua	State NH	Zip Code 03060-3676	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Southern NH Cardiology Ce- nter	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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

**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 22 / 46
	<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. Seth Krauss		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 2336 Loussac Drive		Transaction ID: 78ceadd628b94e58b8c0	
City Anchorage	State AK	Zip Code 99508-4624	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alaska Heart Institute LLC	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. Joseph Lawton		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 2601 Laurel Street Suite 260		Transaction ID: 26d71a7f5d83438fa9ce	
City Columbia	State SC	Zip Code 29204-2034	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Columbia Cardiology Consultants	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. Sandra Lewis		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 24407 Northwest Russell Creek Road		Transaction ID: a9f7f40b5d9b4e03ab2f	
City Yamhill	State OR	Zip Code 97210-5104	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NW Cardio Technologies LLC	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 46		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Jerre Lutz		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 4627 Shiloh Ridge Trl		Transaction ID: 73455a1d18514f0eacb4	
City State Zip Code Snellville GA 30039-8572	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emory University School of MedicineDep	Occupation ADULT CARDIOLOGY		
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. Michael Mansour		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1640 Cypress Ridge		Transaction ID: a705395550634692a1d5	
City State Zip Code Greenville MS 38703-3245	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Michael Miller		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 3602 Meadowridge		Transaction ID: 27d58cca196942ccbdc	
City State Zip Code Midland TX 79701-6800	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Permian Cardiology Associates	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) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	

**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 24 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 1819 Carew Street		Transaction ID: 101107-VLFF1DBA84FC	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00		

Full Name (Last, First, Middle Initial) B. Douglass Morrison		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1213 North 20th Avenue		Transaction ID: ff1da198e63042acb7ff	
City State Zip Code Yakima WA 98902-3713	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Yakama Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. R. Kirby Primm		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 3077 Fircrest Place		Transaction ID: 5b9b44c96034978a2c4	
City State Zip Code Wenatchee WA 98801-2028	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wenatchee Valley Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

**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 25 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. George Rodgers		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007	
Mailing Address 3300 Duval Road Suite 150		Transaction ID: 101107-VLEF1DB70B39	
City State Zip Code Austin TX 78759-3542	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name (Last, First, Middle Initial) B. Arsenio Rodriguez		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1745 N Mills Avenue #100		Transaction ID: 2ae3eb621bc441bfb6cf	
City State Zip Code Orlando FL 32803-1876	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Florida Cardiology Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Howard Rosman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 22151 Moross Rd Ste 126		Transaction ID: 856e458a6a1e4f87bab4	
City State Zip Code Detroit MI 48236-2165	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. John Hospital & Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

SUBTOTAL of Receipts This Page (optional) ▶	435.00
TOTAL This Period (last page this line number only) ▶	

**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 26 / 46
	<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 Ruggio		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 27632 Fargo Road		Transaction ID: 6cde9eca6dd34eefb285	
City Laguna Hills	State CA	Zip Code 92653-7808	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer President Pacific Cardiovascular Associ	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Immad Sadiq		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 164 Summit Avenue Room 345 Tmh		Transaction ID: 5eb859e3852a41eabcb6	
City Providence	State RI	Zip Code 02906	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Jane Schauer		Date of Receipt M M / D D / Y Y Y Y Y 09 / 21 / 2007	
Mailing Address 2522 Veranda Rd NW		Transaction ID: 0e77c00321ca4860902a	
City Albuquerque	State NM	Zip Code 87107-2939	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Heart Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 46
	<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. David Scher		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 2407 Toftree Drive		Transaction ID: 5be145a82ceb441b82d3	
City Harrisburg	State PA	Zip Code 17110-3685	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Associated Cardiologists P.C.	Occupation ELECTROPHYSIOLOGY		
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. M. Eugene Sherman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 5110 South Hanover Way		Transaction ID: e925f768f498468ebbc9	
City Englewood	State CO	Zip Code 80011-6742	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Aurora Medical Associates, PC	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) C. Munir Shikari		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 60 Cronomer Heights Drive		Transaction ID: 23a1f68735bc4b2abc0e	
City Newburgh	State NY	Zip Code 12550-1702	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hudson Valley Cardiologists, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**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 28 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Irwin Silverman		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1235 Hackberry		Transaction ID: 6aff6cfd99d2444388ec	
City State Zip Code Deerfield IL 60201-1507	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. David Snyder		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 201 Brockenbraugh Court		Transaction ID: 85c6a386fc3941d3aded	
City State Zip Code Metairie LA 70005-3319	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Louisiana Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Naeem Tahirkheli		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 11101 Old River Trail		Transaction ID: accba853a6ec41c3956a	
City State Zip Code Edmond OK 73013-8337	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 1000.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 46
	<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. Shelton Thomas		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 7401 Beaufont Springs Drive, Suite		Transaction ID: 24c0babca0694dd69644
City Richmond	State VA Zip Code 23229-4940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Cardiovascular Specialist	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Suma Thomas		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 7620 Old Georgetown Road, Apt. 121		Transaction ID: ee5e5888602b464eb162
City Bethesda	State MD Zip Code 02199-7815	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Michael Turner		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007
Mailing Address 2406 John's Alley		Transaction ID: 8c778783c47947eb91e1
City Lake Charles	State LA Zip Code 70601-5727	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Specialist- of Southwest	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)	1500.00
TOTAL This Period (last page this line number only)	(Empty box)

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 30 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. C. Michael Valentine		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 1487 Langhorne Road 2410 Atherholt Road		Transaction ID: ea2c9ba55b39483aaf9a Amount of Each Receipt this Period 250.00
City Lynchburg State VA Zip Code 24501-2148		
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiovascular Group of Central VA Inc	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Andrew Van Tosh		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 1161 York Ave Apt 9E		Transaction ID: 2d6924d34bf944d193ff Amount of Each Receipt this Period 250.00
City New York State NY Zip Code 10065-7973		
FEC ID number of contributing federal political committee. C		
Name of Employer Beth Israel Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert Wade		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 1 / 2 0 0 7
Mailing Address 5 Vanderbilt Park Drive		Transaction ID: 44cc84bfa33e470e8a36 Amount of Each Receipt this Period 500.00
City Asheville State NC Zip Code 28803-1700		
FEC ID number of contributing federal political committee. C		
Name of Employer Asheville Cardiology Associates, P.A.	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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	_____

**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 31 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Howard Walpole		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 31 Northumberland		Transaction ID: 5f720071521e40a7b3ed	
City State Zip Code Nashville TN 37205-2018	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heart Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name (Last, First, Middle Initial) B. Mary Walsh		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2007	
Mailing Address 8333 Naab Road Suite 400		Transaction ID: 101107-VLEF1DB70B3E	
City State Zip Code Indianapolis IN 46260-1992	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Care Group LLCThe Care Group, LLCS	Occupation HEART FAILURE/TRANSPLANT		
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) C. L. Wann		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 4776 North Cumberland Boulevard		Transaction ID: dd6828d8811349fe9b77	
City State Zip Code Whitefish Bay WI 53226-4362	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Wisconsin Heart and Vascular Clinics	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) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

**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 32 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven West		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 14171 Metropolis Avenue Suite 101		Transaction ID: 101107-VLFF1DBA84FE	
City State Zip Code Fort Myers FL 33912-4335	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Southwest Fl	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) B. Harvey White		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 1020 El Pueblo Northwest		Transaction ID: 5709110ee008476b8108	
City State Zip Code Albuquerque NM 87102-2512	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New Mexico Heart Institute	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) C. Michael Widmer		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 2753 Northeast Red Oak Drive		Transaction ID: 8bd3e89fed4c45d29d48	
City State Zip Code Bend OR 97701-8348	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Heart Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 46
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Kim Williams		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 5758 S Maryland Avenue		Transaction ID: 59bee16de7fa45498e4e	
City State Zip Code Chicago IL 60605-3258	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Chicago Sections of Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

Full Name (Last, First, Middle Initial) B. Joseph Wilson		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 755 Mount Vernon Highway, #530		Transaction ID: 129b5edd19574726b2e0	
City State Zip Code Atlanta GA 30328-4287	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology of Georgia, P.-C.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) C. Douglas Wolfe		Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2007	
Mailing Address 201 Stonington Drive		Transaction ID: 216bd091cdf84ff78a08	
City State Zip Code Brandon MS 39202-1687	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Associates	Occupation ELECTROPHYSIOLOGY		
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) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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 34 / 46
	<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. Full Name (Last, First, Middle Initial) Matthew Wolff		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address H6/336 Clinical Science Center 600 Highland Avenue		Transaction ID: 5f74afa7fcf744a68fd7	
City Madison State WI Zip Code 53792-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University Hospital	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Michael Wolk		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2007	
Mailing Address 876 Park Avenue		Transaction ID: 101107-VLFF1DBA84FA	
City New York State NY Zip Code 10021-8722	Amount of Each Receipt this Period 83.33		
FEC ID number of contributing federal political committee. C			
Name of Employer New York Cardiology Assoc.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32		

C. Full Name (Last, First, Middle Initial) Mohammad Yousaf		Date of Receipt M M / D D / Y Y Y Y 09 / 21 / 2007	
Mailing Address 2110 Presidential Drive		Transaction ID: f4caf0c3c2a741fe8d83	
City Charleston State WV Zip Code 25309-1459	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer South Charleston Card. As-soc.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 35 / 46	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
William Zoghbi

Mailing Address 6618 Sewanee Avenue

City State Zip Code
Houston TX 77030

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

Name of Employer
Methodist DeBakey Heart Center

Occupation
ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	9	/	2	0	0	7

Transaction ID: 2ff4ca1619a241b8aa0f

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	35260.33

**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 36 / 46
	<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 ▼
6854.16

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 7

Transaction ID: 23924-00387209653854

Amount of Each Receipt this Period
140.40

Reimburse for August 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 ▼
6854.16

Date of Receipt
 M M / D D / Y Y Y Y
 0 9 / 1 3 / 2 0 0 7

Transaction ID: 23924-18917483091354

Amount of Each Receipt this Period
340.22

Reimburse for Sep. Disc./- Merchant Fees

SUBTOTAL of Receipts This Page (optional)	480.62
TOTAL This Period (last page this line number only)	480.62

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 46

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

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. American Express		Transaction ID: V64734-1648218035697 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 7
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 274.09
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement September Amex Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M23511-7839166522026 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 2.09
City New Albany State OH Zip Code 43054	Purpose of Disbursement September Discover Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M23511-0287744402885 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 5 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 299.93
City Knoxville State TN Zip Code 37920	Purpose of Disbursement September Merchant Fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	576.11
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
September Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M23511-0105554461479

Date of Disbursement

09 / 05 / 2007

Amount of Each Disbursement this Period

38.20

SUBTOTAL of Disbursements This Page (optional)

38.20

TOTAL This Period (last page this line number only)

614.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 46

<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. Committee for a Democratic Majority		Transaction ID: 22284-9371911883354 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address 301 4th Street NE Suite 202		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20002	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Committee for Hispanic Causes/Building Our Leadership Diversity PAC (CHC BOLD PAC)		Transaction ID: 05084-4737359881401 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1831 Bay Street Southeast		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) C. Dave Camp for Congress 2008		Transaction ID: 13773-7102319598198 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 5000.00
City Midland State MI Zip Code 48640	Purpose of Disbursement Contribution Candidate Name Dave Camp Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Diana Degette for Congress Inc.		Transaction ID: 13773-9707452654838 Date of Disbursement 09 / 25 / 2007	
Mailing Address PO Box 61337		Amount of Each Disbursement this Period 1579.15	
City Denver State CO Zip Code 80206	Purpose of Disbursement Contribution 011 Category/ Type		
Candidate Name Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Diana Degette for Congress Inc.		Transaction ID: 13773-3536035418510 Date of Disbursement 09 / 25 / 2007	
Mailing Address PO Box 61337		Amount of Each Disbursement this Period 2500.00	
City Denver State CO Zip Code 80206	Purpose of Disbursement Contribution 011 Category/ Type		
Candidate Name Diana DeGette			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Doyle for Congress Committee		Transaction ID: 13773-8970300555229 Date of Disbursement 09 / 25 / 2007	
Mailing Address 205 Hawthorne Court		Amount of Each Disbursement this Period 1000.00	
City Pittsburgh State PA Zip Code 15221	Purpose of Disbursement Contribution 011 Category/ Type		
Candidate Name Mike Doyle			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) **5079.15**

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. Friends of Patrick J. Kennedy Inc.		Transaction ID: 22284-0518762469291 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 7
Mailing Address PO Box 321		Amount of Each Disbursement this Period 1000.00
City Pawtucket State RI Zip Code 02860	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Patrick Kennedy		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Gene Green Congressional Campaign		Transaction ID: 13773-1254236102104 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 3000.00
City Houston State TX Zip Code 77222	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Gingrey for Congress		Transaction ID: 62869-7374688982963 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address PO Box U		Amount of Each Disbursement this Period 3000.00
City Marietta State GA Zip Code 30060	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name John Gingrey		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Kagen 4 Congress		Transaction ID: 13773-8603479266166 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 100 West College Avenue 50 D		Amount of Each Disbursement this Period 5000.00
City Appleton State WI Zip Code 54911		
Purpose of Disbursement Contribution Candidate Name Steven Kagen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	011 Category/Type	
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kirk for Congress		Transaction ID: 05084-9925348162651 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address PO Box 8		Amount of Each Disbursement this Period 5000.00
City Winnetka State IL Zip Code 60093		
Purpose of Disbursement Contribution Candidate Name Mark Kirk Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	011 Category/Type	
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Larson for Congress		Transaction ID: 62869-3590967059135 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 29 Ruff Circle		Amount of Each Disbursement this Period 1500.00
City Glastonbury State CT Zip Code 06033		
Purpose of Disbursement Contribution Candidate Name John Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	011 Category/Type	
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 46

<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. Mike Ross for Congress Committee		Transaction ID: 13773-5449792742729 Date of Disbursement 09 / 25 / 2007
Mailing Address PO Box 360		Amount of Each Disbursement this Period 5000.00
City Prescott	State AR	
Zip Code 71857	Purpose of Disbursement Contribution	
Candidate Name Mike Ross		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AR District: 04		

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 22284-8007165789604 Date of Disbursement 09 / 27 / 2007
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1500.00
City Gainesville	State GA	
Zip Code 30503	Purpose of Disbursement Contribution	
Candidate Name Nathan Deal		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA District: 09		

Full Name (Last, First, Middle Initial) C. Our Congress Political Action Committee		Transaction ID: 02785-8196679949760 Date of Disbursement 09 / 28 / 2007
Mailing Address PO Box 344		Amount of Each Disbursement this Period 5000.00
City Prescott	State AR	
Zip Code 71857	Purpose of Disbursement Contribution	
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District: 2007 Contribution		

SUBTOTAL of Disbursements This Page (optional) ▶	11500.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Political Hall of Fame PAC		Transaction ID: 13773-8946344256401 Date of Disbursement 09 / 25 / 2007
Mailing Address PO Box 75167		Amount of Each Disbursement this Period 1500.00
City Fort Thomas State KY Zip Code 41075	Purpose of Disbursement Contribution Candidate Name 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Stephanie Herseth Sandlin for South Dakota		Transaction ID: 05084-2917291522026 Date of Disbursement 09 / 26 / 2007
Mailing Address PO Box 2009		Amount of Each Disbursement this Period 1000.00
City Sioux Falls State SD Zip Code 57101	Purpose of Disbursement Contribution Candidate Name Stephanie Herseth Sandlin 011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Texans for Senator John Cornyn Inc		Transaction ID: 13773-9783899188041 Date of Disbursement 09 / 25 / 2007
Mailing Address 6850 Austin Centre Boulevard Suite 180		Amount of Each Disbursement this Period 1000.00
City Austin State TX Zip Code 78731	Purpose of Disbursement Contribution Candidate Name John Cornyn 011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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. Tiberi for Congress		Transaction ID: 13773-6288110613823 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 2021 E Dublin Granville Road Suite 2000		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43229		
Purpose of Disbursement Contribution Candidate Name Pat Tiberi	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Van Hollen for Congress		Transaction ID: 13773-9770776629448 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 5 / 2 0 0 7
Mailing Address 10537 St. Paul Street		Amount of Each Disbursement this Period 2500.00
City Kensington State MD Zip Code 20895		
Purpose of Disbursement Contribution Candidate Name Chris Van Hollen	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Voice for Freedom		Transaction ID: 21915-78957766294480 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 0 7
Mailing Address 2814 Spring Road Suite 103		Amount of Each Disbursement this Period -5000.00
City Atlanta State GA Zip Code 30339		
Purpose of Disbursement Uncashed 5/11/07 Contribution Candidate Name	011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Uncashed	

SUBTOTAL of Disbursements This Page (optional) ▶	-1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Voice for Freedom		Transaction ID: 62869-2685510516166
Mailing Address 2814 Spring Road Suite 103		Date of Disbursement MM / DD / YYYY 09 / 25 / 2007
City Atlanta	State GA	Amount of Each Disbursement this Period 5000.00
Zip Code 30339		
Purpose of Disbursement Contribution	<input type="checkbox"/> 011	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	2007 Contribution	

Full Name (Last, First, Middle Initial) B. Wynn for Congress		Transaction ID: 13773-4435846209526
Mailing Address PO Box 39139		Date of Disbursement MM / DD / YYYY 09 / 25 / 2007
City Washington	State DC	Amount of Each Disbursement this Period 2500.00
Zip Code 20016		
Purpose of Disbursement Contribution	<input type="checkbox"/> 011	
Candidate Name Albert Wynn	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 04		

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

53079.15