

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="46326.98"/>	<input type="text" value="46326.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14356.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37353.77"/>	<input type="text" value="425104.17"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="51709.96"/>	<input type="text" value="471431.15"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15185.16"/>	<input type="text" value="434906.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36524.80"/>	<input type="text" value="36524.80"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 31 / 2014

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	33561.90	346850.14
(ii) Unitemized	3242.49	63513.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36804.39	410363.60
(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)	36804.39	410363.60
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).....	549.38	12240.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37353.77	425104.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37353.77	425104.17

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	703.28	12223.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	703.28	12223.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	412500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2981.88	7682.88
(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)).....	2981.88	7682.88
29. Other Disbursements	0.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15185.16	434906.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15185.16	434906.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36804.39	410363.60
34. Total Contribution Refunds (from Line 28(d))	2981.88	7682.88
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33822.51	402680.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	703.28	12223.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	549.38	12240.57
38. Net Operating Expenditures (subtract Line 37 from Line 36)	153.90	-17.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<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. Nizar A. Assi F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10012 Kennerly Rd
 Ste 301
 City Saint Louis State MO Zip Code 63128-2197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gateway Cardiology, PC Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.04**

Date of Receipt **11 / 25 / 2014**
Transaction ID : 42748262C2DED8428E28
 Amount of Each Receipt this Period **30.42**

B. Nizar A. Assi F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10012 Kennerly Rd
 Ste 301
 City Saint Louis State MO Zip Code 63128-2197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Gateway Cardiology, PC Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.04**

Date of Receipt **12 / 25 / 2014**
Transaction ID : 4F32A9BE4055847F5E45
 Amount of Each Receipt this Period **30.42**

C. William B. Bauman F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 Arch St
 Ste 300
 City Akron State OH Zip Code 44304-1473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summa Health System Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 25 / 2014**
Transaction ID : 45475AEF-211F-41F1-
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **310.84**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William B. Bauman F.A.C.C.			Date of Receipt
Mailing Address 670 Pine Point Dr			<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 9C432B508B2BB2BA11E
Akron	OH	44333-1779	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="250.00"/>
Name of Employer	Occupation		
Summa Health System	INTERVENTIONAL CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alfred A. Bove PHD, M.A.C			Date of Receipt
Mailing Address 3401 N Broad St Parkinson Pavilion Suite 920			<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 4AE58E672C0305935C9C
Philadelphia	PA	19140-5103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
Temple University Hospital	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Alfred A. Bove PHD, M.A.C			Date of Receipt
Mailing Address 3401 N Broad St Parkinson Pavilion Suite 920			<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : 4B388A2520A2244C4A99
Philadelphia	PA	19140-5103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
Temple University Hospital	ADULT CARDIOLOGY		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
	<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. James F. Burke F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 241 Brydon Rd
 City Wynnewood State PA Zip Code 19096-3306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014
Transaction ID : E105A22616CFD41F6B3
 Amount of Each Receipt this Period
 250.00

B. Joseph G. Cacchione F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Ave Desk J2-3
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : 4F99A8002465F277F8E7
 Amount of Each Receipt this Period
 125.00

c. Joseph G. Cacchione F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Ave Desk J2-3
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2014
Transaction ID : 4934A21C9A0454AE2F2D
 Amount of Each Receipt this Period
 125.00

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<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. Jeffrey S. Carstens F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2014 Transaction ID : 3D7901A6-4E41-40FE-
Mailing Address 9728 Brentwood Rd		Amount of Each Receipt this Period 1000.00
City Omaha	State NE	Zip Code 68114-4925
FEC ID number of contributing federal political committee. C		
Name of Employer Alegent Heart & Vascular Specialists	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. Peter J. Chaille F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 03 / 2014 Transaction ID : 4B69B075D6A88B8DB8EB
Mailing Address 427 Chestnut Forest Cv		Amount of Each Receipt this Period 41.66
City Fort Wayne	State IN	Zip Code 46814-8926
FEC ID number of contributing federal political committee. C		
Name of Employer Parkview Physicians Group, Cardiology	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

Full Name (Last, First, Middle Initial) C. Hollace D. Chastain F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2014 Transaction ID : 4DB38F27EFEF6A2C8AAB
Mailing Address 1819 Braemar Dr		Amount of Each Receipt this Period 100.00
City Fort Wayne	State IN	Zip Code 46814-9364
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	1141.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Hollace D. Chastain F.A.C.C.		Date of Receipt
Mailing Address 1819 Braemar Dr		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City State Zip Code Fort Wayne IN 46814-9364		Transaction ID : 4AA0B0925BD385EEEEF7
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
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 ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) B. Richard A. Chazal F.A.C.C.		Date of Receipt
Mailing Address 671 N Town and River Dr		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City State Zip Code Fort Myers FL 33919-5931		Transaction ID : 4360A24B41F9C5D2210A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Lee Physician Group-The Heart Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.07"/>	

Full Name (Last, First, Middle Initial) C. Bernard A. Clark F.A.C.C.		Date of Receipt
Mailing Address 95 Johnny Cake Ln		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Glastonbury CT 06033-2545		Transaction ID : 46D9B1B3795A523D9A9C
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer St. Francis Hospital and Medical Cente	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="550.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="233.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
	<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. Lianna S. Collinge		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2014
Mailing Address 4507 Ray Nash Dr NW		Transaction ID : 49DAA2E9B692F646D391
City Gig Harbor	State WA	Zip Code 98335-5884
FEC ID number of contributing federal political committee.	C	
Name of Employer Washington Chapter of the ACC	Occupation ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.65	
		Amount of Each Receipt this Period 83.33

Full Name (Last, First, Middle Initial) B. George H. Crossley F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2014
Mailing Address 276 Stratton Pl Ste 5209		Transaction ID : 4422A99A1F9136975F13
City Brentwood	State TN	Zip Code 37027-4228
FEC ID number of contributing federal political committee.	C	
Name of Employer Vanderbilt University	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) c. George H. Crossley F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 25 / 2014
Mailing Address 276 Stratton Pl Ste 5209		Transaction ID : 43EDBD AE589113FBF989
City Brentwood	State TN	Zip Code 37027-4228
FEC ID number of contributing federal political committee.	C	
Name of Employer Vanderbilt University	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
		Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	583.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Timothy A. Dewhurst F.A.C.C.		Date of Receipt 12 / 07 / 2014 Transaction ID : 455CBBAFA1A1FD07261E
Mailing Address 4819 18th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98106-1548
FEC ID number of contributing federal political committee. C		
Name of Employer Group Health	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Benjamin V. DuBois F.A.C.C.		Date of Receipt 12 / 10 / 2014 Transaction ID : 16707596-802A-420B-
Mailing Address 5711 Chilham Rd		Amount of Each Receipt this Period 3012.00
City Baltimore	State MD	Zip Code 21209-4415
FEC ID number of contributing federal political committee. C		
Name of Employer Woodholme Cardiovascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.12	

Full Name (Last, First, Middle Initial) c. Arthur Lee Eberly F.A.C.C.		Date of Receipt 12 / 07 / 2014 Transaction ID : 4EB094CD0C7A9EE3ACB6
Mailing Address PO Box 8795		Amount of Each Receipt this Period 41.67
City Greenville	State SC	Zip Code 29604-8795
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 958.37	

SUBTOTAL of Receipts This Page (optional).....▶	3153.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gregory Engel		Date of Receipt 12 / 10 / 2014 Transaction ID : 5E10F0D0ED4230F811A
Mailing Address 1015 Continental Dr		Amount of Each Receipt this Period 300.00
City Menlo Park	State CA	Zip Code 94025-6651
FEC ID number of contributing federal political committee. C	Name of Employer CMCA	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Richard Ericson F.A.C.C.		Date of Receipt 12 / 21 / 2014 Transaction ID : 496A9E8400B590CEB68F
Mailing Address 4900 Sir Henry Ct FI 6		Amount of Each Receipt this Period 15.00
City Fair Oaks	State CA	Zip Code 95628-5315
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 ▼ 380.00	

Full Name (Last, First, Middle Initial) C. David M. Evans F.A.C.C.		Date of Receipt 12 / 09 / 2014 Transaction ID : 4DBDB166447B86F0EE6A
Mailing Address 130 Ashlei Ln		Amount of Each Receipt this Period 100.00
City Searcy	State AR	Zip Code 72143-3024
FEC ID number of contributing federal political committee. C	Name of Employer Heart Clinic Arkansas	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	415.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Andrew Dundee Ferguson
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 S Landmark Ave
 Landmark Medical Center
 City Bloomington State IN Zip Code 47403-3239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Internal Medicine Associates Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 02 / 2014
Transaction ID : 4E3099166DD9548DD3BC
 Amount of Each Receipt this Period
 20.83

B. Kevin Fitzpatrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 N St NW
 Heart House
 City Washington State DC Zip Code 20037-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : 4622A1103A35735324A6
 Amount of Each Receipt this Period
 83.34

C. Ned D. Freeman F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Innovation Dr
 Ste 400
 City Greenville State SC Zip Code 29607-5270
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upstate Cardiology, P.A. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : B6C09A14-EABE-467A-
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 604.17
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Edward T. A. Fry F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 160 E 71st St

City Indianapolis State IN Zip Code 46220-1012

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

Name of Employer St. Vincent Medical Group Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014

Transaction ID : 455E8EA9BF73832BA2BB

Amount of Each Receipt this Period
 100.00

B. Allan Garfield F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 2324 Hidden Valley Dr

City Santa Rosa State CA Zip Code 95404-2311

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014

Transaction ID : A09DBA0940DCD2E96A1

Amount of Each Receipt this Period
 250.00

C. Michael F. Gilson F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 100 Prospect St

City Providence State RI Zip Code 02906-1446

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014

Transaction ID : 4666B655E787A0839760

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
<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. Prospero B. Gogo F.A.C.C.		Date of Receipt
Mailing Address 111 Colchester Ave C/O Roberta Frohock		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4B359BD9BE2C5DC7967F
Name of Employer: Interventional-Univ. of Vermont/Fletch		Amount of Each Receipt this Period
Occupation: INTERVENTIONAL CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.74"/>	

Full Name (Last, First, Middle Initial) B. Prospero B. Gogo F.A.C.C.		Date of Receipt
Mailing Address 111 Colchester Ave C/O Roberta Frohock		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4D22BBABC9D7D04F1ABD
Name of Employer: Interventional-Univ. of Vermont/Fletch		Amount of Each Receipt this Period
Occupation: INTERVENTIONAL CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.74"/>	

Full Name (Last, First, Middle Initial) c. Joseph N. Gunasekera F.A.C.C.		Date of Receipt
Mailing Address 574 Calumet Pl Ste 140		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Beavercreek	State OH	Zip Code 45434-6286
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 85EB144D05FEC56103D
Name of Employer: Kettering Physician Network		Amount of Each Receipt this Period
Occupation: ADULT CARDIOLOGY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
	<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. Anuj Gupta F.A.C.C.		Date of Receipt
Mailing Address 1400 William St		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2014"/>
City	State	Zip Code
Baltimore	MD	21230-4545
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 49D285C67FA61B6735B5
Name of Employer	Occupation	Amount of Each Receipt this Period
University of Maryland School of Medic	INTERVENTIONAL CARDIOLOGY	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas A. Haffey F.A.C.C.		Date of Receipt
Mailing Address 9141 Grant St Ste 140		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Thornton	CO	80229-4367
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 41FF81B90B1F9BF273C5
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.06"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. M. Shereef Hilmy F.A.C.C.		Date of Receipt
Mailing Address 200 Rio Grande Dr		<input type="text" value="12"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mission	TX	78572-8559
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : D4E5A7B0-D244-46E2-
Name of Employer	Occupation	Amount of Each Receipt this Period
South Heart Clinic, PLLC	INTERVENTIONAL CARDIOLOGY	<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1103.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David R. Holmes M.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2014 Transaction ID : 48C99E2E9FD4A66A21EB
Mailing Address 200 1st St SW Smh MG4-523		Amount of Each Receipt this Period 83.34
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

Full Name (Last, First, Middle Initial) B. David R. Holmes M.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 25 / 2014 Transaction ID : 4804868FC14514EEA0A4
Mailing Address 200 1st St SW Smh MG4-523		Amount of Each Receipt this Period 83.34
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.08	

Full Name (Last, First, Middle Initial) c. Craig M. Hudak F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2014 Transaction ID : B209DFF2-0222-4FB9-
Mailing Address 107 Sandpiper Ln		Amount of Each Receipt this Period 250.00
City Greenville	State SC	Zip Code 29607-5554
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Cardiology Consultants	Occupation INTERVENTIONAL 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).....▶	416.68
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Daniel J. Humiston F.A.C.C.		Date of Receipt
Mailing Address 2132 N 1700 W Ste 200		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City Layton	State UT	Zip Code 84041-7060
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4F0F818D83C7701025CD
Name of Employer Utah Cardiology, PC		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="208.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2500.07"/>	

Full Name (Last, First, Middle Initial) B. John M. Johnstone F.A.C.C.		Date of Receipt
Mailing Address 819 W Main St		<input type="text" value="12"/> / <input type="text" value="24"/> / <input type="text" value="2014"/>
City Richmond	State KY	Zip Code 40475-1114
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 4DB2BA401B8E15F66452
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Randy A. Jordan F.A.C.C.		Date of Receipt
Mailing Address 18100 Mantle Ln		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Roland	State AR	Zip Code 72135-9715
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 1228535BA5B1AE02248
Name of Employer Heart Clinic Arkansas		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="733.34"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<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. Madhu G. Jyothinagaram F.A.C.C.		Date of Receipt 12 / 31 / 2014 Transaction ID : 8374B93C-DE48-4228-
Mailing Address 2300 N Edward St Ste 3322		Amount of Each Receipt this Period 250.00
City Decatur	State IL	
Zip Code 62526-4163		Aggregate Year-to-Date ▼ 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Decatur Memorial Hospital	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anna M. Kalynych F.A.C.C.		Date of Receipt 12 / 12 / 2014 Transaction ID : 83AC8DDBCDE04FE737A
Mailing Address 58 Montclair Dr NE		Amount of Each Receipt this Period 1000.00
City Atlanta	State GA	
Zip Code 30309-1527		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Piedmont Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John N. Katopodis F.A.C.C.		Date of Receipt 11 / 30 / 2014 Transaction ID : FCFD040E-54DC-4950-
Mailing Address 1300 Medical Dr		Amount of Each Receipt this Period 1000.00
City Tallahassee	State FL	
Zip Code 32308-4646		Aggregate Year-to-Date ▼ 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Medical Group, PA	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<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. Jerry D. Kennett M.A.C.C.			Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : 2DA91E42504B73BC0A6
Mailing Address 4614 Copperstone Ct			Amount of Each Receipt this Period 1250.00
City Columbia	State MO	Zip Code 65203-1696	
FEC ID number of contributing federal political committee. C			
Name of Employer Missouri Cardiovascular Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) B. George P. Kinzfohl F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2014 Transaction ID : 416286A90C40DD060AC4
Mailing Address 33 Lettery Cir			Amount of Each Receipt this Period 20.84
City Sudbury	State MA	Zip Code 01776-7400	
FEC ID number of contributing federal political committee. C			
Name of Employer Heart Center of MetroWest	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.08		

Full Name (Last, First, Middle Initial) c. Steven E. Kornberg F.A.C.C.			Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2014 Transaction ID : 464E99754FCEB868271D
Mailing Address 155 Medical Center Way FI 2			Amount of Each Receipt this Period 41.66
City Somers Point	State NJ	Zip Code 08244-2306	
FEC ID number of contributing federal political committee. C			
Name of Employer Penn Cardiology Somers Point	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92		

SUBTOTAL of Receipts This Page (optional).....▶	1312.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<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. Smadar Kort F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 65 Mimosa Dr
 City Roslyn State NY Zip Code 11576-2215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Stony Brook University Medical Center ECHOCARDIOGRAPHY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : 4D27BF4AA50E6CFF6F52
 Amount of Each Receipt this Period
 83.34

B. Spencer H. Kubo F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3827 Zenith Ave S
 City Minneapolis State MN Zip Code 55410-1168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : 665E57963159957DF29
 Amount of Each Receipt this Period
 1000.00

C. Gilead I. Lancaster F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 Mine Hill Rd
 City Redding State CT Zip Code 06896-2701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Bridgeport Hospital Dept of Echo ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : 484199269918FA4BBCB8
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional).....▶	1166.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gilead I. Lancaster F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 25 / 2014 Transaction ID : 461F996F38974CA8E231
Mailing Address 15 Mine Hill Rd		Amount of Each Receipt this Period 83.33
City Redding	State CT	Zip Code 06896-2701
FEC ID number of contributing federal political committee.	C	
Name of Employer Bridgeport Hospital Dept of Echo	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.04	

Full Name (Last, First, Middle Initial) B. Gilbert A. Leidig F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2014 Transaction ID : 49EEAFC5EC588F4FD036
Mailing Address 1 Centurian Dr Ste 200		Amount of Each Receipt this Period 25.00
City Newark	State DE	Zip Code 19713-2150
FEC ID number of contributing federal political committee.	C	
Name of Employer Cardiology Physicians, P.A.Abby Medica	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Gilbert A. Leidig F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 26 / 2014 Transaction ID : 47ECB1EFA1475C3D1B72
Mailing Address 1 Centurian Dr Ste 200		Amount of Each Receipt this Period 25.00
City Newark	State DE	Zip Code 19713-2150
FEC ID number of contributing federal political committee.	C	
Name of Employer Cardiology Physicians, P.A.Abby Medica	Occupation INTERVENTIONAL 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).....▶	133.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
	<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. Norman E. Lepor F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 21 / 2014
Mailing Address 99 N La Cienega Blvd Ste 203		Transaction ID : 49E699436AA7BBE056FC
City Beverly Hills	State CA	Zip Code 90211-2285
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 ▼ 799.98	
		Amount of Each Receipt this Period 83.33

Full Name (Last, First, Middle Initial) B. Sandra J. Lewis F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 07 / 2014
Mailing Address 2222 NW Lovejoy St Ste 606		Transaction ID : 409F987F20DB7E0358AE
City Portland	State OR	Zip Code 97210-5104
FEC ID number of contributing federal political committee.	C	
Name of Employer NW Cardiovascular Institute	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.74	
		Amount of Each Receipt this Period 83.34

Full Name (Last, First, Middle Initial) C. Gina Price Lundberg F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014
Mailing Address 1444 Waterford Green Dr		Transaction ID : 9F917A93070C38BB38E
City Marietta	State GA	Zip Code 30068-2925
FEC ID number of contributing federal political committee.	C	
Name of Employer Emory Heart and Vascular Institute	Occupation PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Craig H. Lundgren F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : 42025C4115A10B87BAF
Mailing Address 11223 Buena Vista St		Amount of Each Receipt this Period 250.00
City Leawood	State KS	Zip Code 66211-1328
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) B. Sunil V. Mankad F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : 42639FB450BDB95230E6
Mailing Address 200 1st St SW Gonda 5 South Room 5-209		Amount of Each Receipt this Period 83.33
City Rochester	State MN	Zip Code 55905-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.30	

Full Name (Last, First, Middle Initial) C. J. Jeffrey Marshall F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014 Transaction ID : 8D75F74F27E76A7CE1B
Mailing Address 200 S Enota Dr NE Ste 200		Amount of Each Receipt this Period 2000.00
City Gainesville	State GA	Zip Code 30501-3466
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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2333.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
	<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. Deirdre Mattina		Date of Receipt M M / D D / Y Y Y Y Y 12 / 22 / 2014 Transaction ID : 5F109B8E9560948E54C
Mailing Address 619 Maxwell Ave		Amount of Each Receipt this Period 250.00
City Royal Oak	State MI	Zip Code 48067-1652
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) B. Margo B. Minissian MSN, CNS,		Date of Receipt M M / D D / Y Y Y Y Y 12 / 16 / 2014 Transaction ID : 422086002E371A6BD4B1
Mailing Address 127 S San Vicente Blvd Ste A9306		Amount of Each Receipt this Period 184.00
City Los Angeles	State CA	Zip Code 90048-3311
FEC ID number of contributing federal political committee. C		
Name of Employer Cedars Sinai Heart Institute Womens He	Occupation PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2208.00	

Full Name (Last, First, Middle Initial) c. David C. Mishkel F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y 12 / 01 / 2014 Transaction ID : 42CA98993FCB650D4FD3
Mailing Address 2300 Glades Rd East Tower Suite 200		Amount of Each Receipt this Period 20.00
City Boca Raton	State FL	Zip Code 33431-7386
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 ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	454.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marc A. Mugmon F.A.C.C.		Date of Receipt 11 / 30 / 2014 Transaction ID : 45A7868B7FBB36AE3777
Mailing Address 3333 N Calvert St Ste 500		Amount of Each Receipt this Period 83.34
City Baltimore	State MD Zip Code 21218-6502	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1250.08
Name of Employer Chesapeake CardioVascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marc A. Mugmon F.A.C.C.		Date of Receipt 12 / 31 / 2014 Transaction ID : 4CDFBFD50B156A775808
Mailing Address 3333 N Calvert St Ste 500		Amount of Each Receipt this Period 83.34
City Baltimore	State MD Zip Code 21218-6502	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1250.08
Name of Employer Chesapeake CardioVascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mark T. Murphy BCH, F.A.C		Date of Receipt 12 / 12 / 2014 Transaction ID : 0B282AE40E2ADCC4514
Mailing Address 5109 Nicholas Creek Cir		Amount of Each Receipt this Period 250.00
City Wilmington	State NC Zip Code 28409-2356	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 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) ▼		

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 50
	<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. Sanjay D. Naik F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 55 1st St
 Unit 307
 City Pelham State NY Zip Code 10803-1458
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbiadoctors Medical Group Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : DAED3551F999146AA2C
 Amount of Each Receipt this Period
500.00

B. Henry F. Novack F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Meadowlark Rd
 City Rye Brook State NY Zip Code 10573-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : B52B15E2AA32A32E1C3
 Amount of Each Receipt this Period
500.00

C. Keith R. Oken F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Poinciana Way
 City Ponte Vedra Beach State FL Zip Code 32082-2315
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mayo Clinic Jacksonville Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : 092D61BE783D9950A40
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... **1250.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 50
	<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. Roberto Pacheco F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Quail Chase
 City Springfield State IL Zip Code 62711-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prairie Cardiovascular Consultants INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : 4519BF3ED518E629C1C3
 Amount of Each Receipt this Period
 83.33

B. Roberto Pacheco F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 Quail Chase
 City Springfield State IL Zip Code 62711-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Prairie Cardiovascular Consultants INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 25 / 2014
Transaction ID : 4C6E82CB7DF8E067A219
 Amount of Each Receipt this Period
 83.33

C. Kathleen A. Paveglio F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3230 Waring Ct Ste 0
 City Oceanside State CA Zip Code 92056-4509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2014
Transaction ID : D0293592CB11C977B82
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....	416.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 50
	<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. Vaughn W. Payne F.A.C.C.		Date of Receipt
Mailing Address 9103 Crowne Springs Cir Suite 400		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Louisville	State KY	Zip Code 40241-8123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 465BA04FA3381DE8446B
Name of Employer Caresource	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) B. Vaughn W. Payne F.A.C.C.		Date of Receipt
Mailing Address 9103 Crowne Springs Cir Suite 400		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Louisville	State KY	Zip Code 40241-8123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 45E88BF57860063FB6BB
Name of Employer Caresource	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="83.33"/>
	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) C. William H. Pentz F.A.C.C.		Date of Receipt
Mailing Address 230 W Washington Sq FI 3		<input type="text" value="12"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City Philadelphia	State PA	Zip Code 19106-3500
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4E878EDF9E94636A1794
Name of Employer Penn Cardiology At Pennsylvania Hospit	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="90.00"/>
	<input type="text" value="1080.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="256.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<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. Frederic S. Resnic F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Clarke Cir
 City Needham State MA Zip Code 02492-1306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lahey Clinic Medical Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2014
Transaction ID : B93D187840E254BBF19
 Amount of Each Receipt this Period
 250.00

B. Orlando Rodriguez-Vila F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 33038
 City San Juan State PR Zip Code 00933-3038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ORV Interventional Cardiology Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 916.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : 4282A1D58070ADEACFED
 Amount of Each Receipt this Period
 83.34

C. David A. Rosenbaum F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 14585 Millhaven Pl
 City Colorado Springs State CO Zip Code 80908-3267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHMG Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 916.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : 4EFCB2ABB781D0F90D23
 Amount of Each Receipt this Period
 83.34

SUBTOTAL of Receipts This Page (optional).....	416.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 50
<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. John S. Rumsfeld PHD, F.A.C		Date of Receipt
Mailing Address 130 S Cherry St		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denver	CO	80246-1031
FEC ID number of contributing federal political committee.		Transaction ID : 4188BFA99FC767E0AC1F
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Self-Employed	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. John S. Rumsfeld PHD, F.A.C		Date of Receipt
Mailing Address 130 S Cherry St		<input type="text" value="12"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Denver	CO	80246-1031
FEC ID number of contributing federal political committee.		Transaction ID : 4DFC8F248E904CD45369
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Self-Employed	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="999.96"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Andrew Sampson		Date of Receipt
Mailing Address 5781 Washington Blvd		<input type="text" value="11"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Indianapolis	IN	46220-2540
FEC ID number of contributing federal political committee.		Transaction ID : 4BC597612DF1C51A2679
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Self-Employed	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="266.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 50
	<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. Andrew Sampson
Full Name (Last, First, Middle Initial)

Mailing Address 5781 Washington Blvd

City Indianapolis State IN Zip Code 46220-2540

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 25 / 2014
Transaction ID : 4842BC79006415504416

Amount of Each Receipt this Period 100.00

B. Paul D. Sarkaria F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 3230 Waring Ct Ste O

City Oceanside State CA Zip Code 92056-4509

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 ▼ 750.00

Date of Receipt 12 / 10 / 2014
Transaction ID : A4C7B3462A42A6BF553

Amount of Each Receipt this Period 250.00

c. John W. Schaeffer F.A.C.C.
Full Name (Last, First, Middle Initial)

Mailing Address 161 Ridgeland Dr

City Amherst State OH Zip Code 44001-1727

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

Name of Employer North Ohio Heart Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 31 / 2014
Transaction ID : A0EB7D06BA959E84E5F

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 50
	<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. Jay D. Schlaifer F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Kossuth St
 City Lafayette State IN Zip Code 47905-1446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Vincent Medical Group Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 12 / 2014**
Transaction ID : EF128219EC85173F5A5
 Amount of Each Receipt this Period **250.00**

B. Timothy J. Shanahan F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8714 Spur Ln
 City Easton State MD Zip Code 21601-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesapeake Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **249.96**

Date of Receipt **12 / 14 / 2014**
Transaction ID : 4C0EA598F8AD9F21D765
 Amount of Each Receipt this Period **20.83**

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

Date of Receipt **12 / 31 / 2014**
Transaction ID : C3DCF5014D0D6509641
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **520.83**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Marc E. Shelton F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 3700 Vanderbilt Cir PO Box 19420		Transaction ID : 49358E2EC16E1C1D8C67
City Springfield	State IL	Zip Code 62711-4012
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Prairie Cardiovascular Consultants Ltd	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

Full Name (Last, First, Middle Initial) B. M. Eugene Sherman F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1444 S Potomac St Ste 300		Transaction ID : 8C25D2338B8410C240D
City Aurora	State CO	Zip Code 80012-4510
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer The Heart Specialists of Colorado	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. John W. Shuck F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 1100 Forrest Ave		Transaction ID : 40D99DBFACEAACF803DF
City Dover	State DE	Zip Code 19904-3309
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer Cardiology Consultants	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional).....▶	2666.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 50
	<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. John S. Strobel F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3407 E Olcott Blvd
 City State Zip Code
 Bloomington IN 47401-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Internal Medicine Associates ELECTROPHYSIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2014
Transaction ID : DF143BE2D61A091CC0D
 Amount of Each Receipt this Period
 250.00

B. John Y. Sunew F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 10602 Prescott Hollow Ct
 City State Zip Code
 Katy TX 77494-8623
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Memorial City and Katy Cardiology Asso INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 09 / 2014
Transaction ID : 665778B1-961E-40E4-
 Amount of Each Receipt this Period
 500.00

c. Jacqueline E. Tamis-Holland F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 10th Ave
 City State Zip Code
 New York NY 10019-1147
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St. Luke's Roosevelt Hospital Center - INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2014
Transaction ID : 37DBD382-90AA-4A17-
 Amount of Each Receipt this Period
 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Suma A. Thomas F.A.C.C.

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

Mailing Address 701 W Lakeside Ave
Apt 801

City Cleveland State OH Zip Code 44113-5517

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.08

Date of Receipt
11 / 25 / 2014
Transaction ID : 42F0893F1BEAB2200BD4

Amount of Each Receipt this Period
208.34

B. Suma A. Thomas F.A.C.C.

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

Mailing Address 701 W Lakeside Ave
Apt 801

City Cleveland State OH Zip Code 44113-5517

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.08

Date of Receipt
12 / 25 / 2014
Transaction ID : 40E683D586AE818E23EE

Amount of Each Receipt this Period
208.34

C. Benjamin Tillinger F.A.C.C.

Full Name (Last, First, Middle Initial)
Benjamin Tillinger F.A.C.C.

Mailing Address 59 Omac

City Concord State MA Zip Code 01742-3317

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

Name of Employer Emerson Cardiovascular Associates Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
12 / 08 / 2014
Transaction ID : 11CB19FE-8AB2-4F40-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 916.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thad F. Waites F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1017 Richburg Rd
 City Hattiesburg State MS Zip Code 39402-9055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southern Heart Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2014
Transaction ID : 44C69BC9EF96B995DE86
 Amount of Each Receipt this Period
 208.34

B. David J. Waldstein F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1350 Fairy Hill Rd
 City Rydal State PA Zip Code 19046-2926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : 20EED330C3C6C631E65
 Amount of Each Receipt this Period
 250.00

C. Kirk W. Walker F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2974 Dogwood Dr S
 City Salem State OR Zip Code 97302-4063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cascade Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2014
Transaction ID : D6FE5D744E47DA266A1
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	708.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 50
<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

A. Howard T. Walpole MBA, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2581 Bridgewater Cir
 City Gainesville State GA Zip Code 30506-1857
 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 **2458.40**

Date of Receipt **11 / 28 / 2014**
Transaction ID : 49EFA78EA3713731FCDB
 Amount of Each Receipt this Period **83.33**

B. Howard T. Walpole MBA, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2581 Bridgewater Cir
 City Gainesville State GA Zip Code 30506-1857
 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 **2458.40**

Date of Receipt **12 / 07 / 2014**
Transaction ID : 40E7AA093E3CB3E5E0C1
 Amount of Each Receipt this Period **208.34**

C. Howard T. Walpole MBA, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 2581 Bridgewater Cir
 City Gainesville State GA Zip Code 30506-1857
 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 **2458.40**

Date of Receipt **12 / 27 / 2014**
Transaction ID : 41F3AAB898F1ABBC76FA
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Mary Norine Walsh F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 W 83rd Pl
 City Indianapolis State IN Zip Code 46260-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Vincent Heart Center of Indiana Occupation HEART FAILURE/TRANSPLANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **11 / 29 / 2014**
Transaction ID : 4A679E288AC30086C9DA
 Amount of Each Receipt this Period **100.00**

B. Mary Norine Walsh F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 428 W 83rd Pl
 City Indianapolis State IN Zip Code 46260-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St Vincent Heart Center of Indiana Occupation HEART FAILURE/TRANSPLANT
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1200.00**

Date of Receipt **12 / 29 / 2014**
Transaction ID : 442DB44C949CE2D3C0CB
 Amount of Each Receipt this Period **100.00**

C. Bruce A. Watt F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 S Main Ave
 City Sioux Falls State SD Zip Code 57105-3827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Central Heart Institute Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **999.96**

Date of Receipt **12 / 08 / 2014**
Transaction ID : 451894C71784A76D8948
 Amount of Each Receipt this Period **83.33**

SUBTOTAL of Receipts This Page (optional)..... **283.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 50
	<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. Andrew R. Waxler F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2014 Transaction ID : 21BF2A0CC6002B670D1
Mailing Address 1305 Old Mill Rd		Amount of Each Receipt this Period 300.00
City Wyomissing	State PA	Zip Code 19610-2832
FEC ID number of contributing federal political committee. C	Name of Employer Berks Cardiologists	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. Steven R. West F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 23 / 2014 Transaction ID : 457A8FE66406A218EE2C
Mailing Address 425 Mutton Creek Dr Ste 120		Amount of Each Receipt this Period 41.67
City Seymour	State IN	Zip Code 47274-4039
FEC ID number of contributing federal political committee. C	Name of Employer St. Vincent Medical Group	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

Full Name (Last, First, Middle Initial) C. Michael J. Wolk MD		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 01 / 2014 Transaction ID : 49F69CC038D342C3ADB9
Mailing Address 876 Park Ave		Amount of Each Receipt this Period 83.34
City New York	State NY	Zip Code 10075-1832
FEC ID number of contributing federal political committee. C	Name of Employer New York Cardiology Associates	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional).....▶	425.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 50
	<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. Richard F. Wright F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 2001 Santa Monica Blvd Ste 280W		Transaction ID : 41EEAA8D09C26DEC511F
City Santa Monica	State CA	Zip Code 90404-2172
FEC ID number of contributing federal political committee.	C	
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	
		Amount of Each Receipt this Period 150.00

Full Name (Last, First, Middle Initial) B. Lambert A. Wu F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 07 / 2014
Mailing Address 929 SW Mulvane St		Transaction ID : 4C088F5AEA26181DD0E2
City Topeka	State KS	Zip Code 66606-1677
FEC ID number of contributing federal political committee.	C	
Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2375.08	
		Amount of Each Receipt this Period 208.34

Full Name (Last, First, Middle Initial) C. Loran Yehudai F.A.C.C.		Date of Receipt M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 700 NE 87th Ave Ste 210		Transaction ID : 62F7F0EF-689E-435C-
City Vancouver	State WA	Zip Code 98664-1913
FEC ID number of contributing federal political committee.	C	
Name of Employer The Vancouver Clinic	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1358.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 46 OF 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Joyce Anne Zeno F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 S Charles St
 City Baltimore State MD Zip Code 21230-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upper Chesapeake Cardiology Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 25 / 2014
Transaction ID : 43109DBE77CA18D3B25A
 Amount of Each Receipt this Period 125.00

B. Joyce Anne Zeno F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 S Charles St
 City Baltimore State MD Zip Code 21230-3944
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Upper Chesapeake Cardiology Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 25 / 2014
Transaction ID : 437C9AD9AC8CCA36E158
 Amount of Each Receipt this Period 125.00

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

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	33561.90

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

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

FOR LINE NUMBER:		PAGE 47 OF 50	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. 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 ▼
12240.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2014
Transaction ID : F7129667AA1D0126580

Amount of Each Receipt this Period
549.38

Reimbursement for November Amex Fees and December Merchant Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	549.38
TOTAL This Period (last page this line number only).....▶	549.38

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
November 2014 Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2014

Transaction ID : V6BE1AEF22937F1E4956

Amount of Each Disbursement this Period

115.28

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
December 2014 Amex Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : V41E3EC4D625323125C4

Amount of Each Disbursement this Period

153.90

Full Name (Last, First, Middle Initial)

C. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
December 2014 Merchant Fees

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2014

Transaction ID : M776649729A4BD3B560A

Amount of Each Disbursement this Period

434.10

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

703.28

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

703.28

**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. John S Fund

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025-0853

Purpose of Disbursement
2014 Contribution

011

Candidate Name
John S Fund

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : 926AD6ADF167A0BD741

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Majority Committee PAC--Mc PAC

Mailing Address PO Box 10134

City State Zip Code
Bakersfield CA 93389

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Majority Committee PAC--Mc PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : FA57177F4622B3E054E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pittspac

Mailing Address 1942 Park Plaza

City State Zip Code
Lancaster PA 17601

Purpose of Disbursement
2014 Contribution

011

Candidate Name
Pittspac

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) **Contribution**

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 10 / 2014

Transaction ID : 04F094130AC17AA0C8C

Amount of Each Disbursement this Period

5000.00

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

11500.00

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

11500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Benjamin V. DuBois F.A.C.C.

Mailing Address 5711 Chilham Rd

City Baltimore State MD Zip Code 21209-4415

Purpose of Disbursement
Refund

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 3921915E5EE89949E72

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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