

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of 0

5. Covering Period 10 16 2008 through 11 24 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 12 02 2008

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

Office Use Only FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		268897.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	151602.33									
(c) Total Receipts (from Line 19)	38462.88	362828.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	190065.21	631726.06								
7. Total Disbursements (from Line 31)	96848.40	538509.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	93216.81	93216.81								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	31076.48	285298.06
(i) Itemized (use Schedule A)	7038.00	69399.66
(ii) Unitemized	38114.48	354697.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	38114.48	354697.72
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)	348.40	5630.42
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 Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	38462.88	362828.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	38462.88	362828.14

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	348.40	6199.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	348.40	6199.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	96500.00	529709.50
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	2600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	2600.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	96848.40	538509.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96848.40	538509.25

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	38114.48	354697.72
34. Total Contribution Refunds (from Line 28(d))	0.00	2600.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38114.48	352097.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	348.40	6199.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	348.40	5630.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	569.33

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Arthur S. Agatston

Mailing Address 1691 Michigan Avenue Street 500

City State Zip Code
Miami FL 33139

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 8c99cd91cf29e45340a

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60015-1857

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

Name of Employer North Shore Cardiologists, SC Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 42c7a7f8ac67b4968fb6

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Paul D. Anderson

Mailing Address 1650 Hilby Avenue

City State Zip Code
Seaside CA 93955-6105

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
1 1 / 2 1 / 2 0 0 8

Transaction ID: 6dfe8ab650a0832d74

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1700.00**

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: PAGE 7 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Lisa F. Antonelli

Mailing Address 21 Presidents Lane

City Quincy State MA Zip Code 02169-1928

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 11 / 05 / 2008

Transaction ID: b6f01ba77c4e466fb445

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jayant H. Barai

Mailing Address 345 Henry Street Suite 105

City Orange State NJ Zip Code 07050-2577

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 11 / 19 / 2008

Transaction ID: 4f3a8b41bf2be97dc1f

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Timothy M. Bateman

Mailing Address 3410 West 89th Street

City Leawood State KS Zip Code 64111-5939

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

Name of Employer Cardiovascular Consultant-s, PC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 43d4abfab4fbf10101a3

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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: PAGE 8 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
J. W. Benge

Mailing Address 1320 Kennicott Drive

City State Zip Code
Lake Forest IL 60045-1552

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

Name of Employer Occupation
Lake Heart Specialists INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	8

Transaction ID: e77fe59444054a6ab06d

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 10127 North Wabash Avenue

City State Zip Code
Kansas City MO 64116-3274

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

Name of Employer Occupation
University of Missouri INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	0	/	2	0	0	8

Transaction ID: d929515845b44a0cabf1

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Matthew S. Bosner

Mailing Address 456 N New Ballas Road Suite 299

City State Zip Code
St. Louis MO 63141-6838

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	8

Transaction ID: 89c44daba00cd014904

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 45
(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. Full Name (Last, First, Middle Initial)
Naim E. Bouhussein

Mailing Address 738 A Bryant Street

City Statesville State NC Zip Code 28677-4189

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 10 / 20 / 2008
Transaction ID: 7640fa190e034e4d93eb
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Alan S. Brown

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City Naperville State IL Zip Code 60567

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 30 / 2008
Transaction ID: 4cb4a67a1b537d7f2e48
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Curtis S. Burnett

Mailing Address 16259 Sylvester Road Southwest Sui

City Burien State WA Zip Code 98166-3059

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 11 / 21 / 2008
Transaction ID: 6ebad653a90f118a71b
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **850.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Hollace D. Chastain

Mailing Address 1819 Breamar Drive

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 48ff861b774841b941f5

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Pradipta Chaudhuri

Mailing Address 3123 Lake Park Lane

City State Zip Code
Hastings NE 68901-4452

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: 348b01cbfb7947718519

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Richard A. Chazal

Mailing Address 671 North Town and River Drive

City State Zip Code
Fort Myers FL 33908-3630

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

Name of Employer Occupation
The Heart Group ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 1 / 2 0 0 8

Transaction ID: b6928f17bb1e4e99bb44

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1184.00

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: PAGE 11 / 45
(check only one)

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

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

A.

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

Mailing Address 2021 Kingsley Avenue Suite 104

City State Zip Code
Orange Park FL 32073-5128

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

Name of Employer Southern Heart Group 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
1 0 / 2 0 / 2 0 0 8

Transaction ID: 9f75672f2f314ba290d9

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Bernard A. Clark

Mailing Address 95 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06105-1208

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

Name of Employer St. Francis Hospital and Medical Centre Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 4bc3889924c2037a353b

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
William G. Combs

Mailing Address 5722 Ricky Ridge Trail

City State Zip Code
Orefield PA 18069-8800

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

Name of Employer The Heart Care Group, P.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 5dd8daea0eb24943ac4c

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 45
	<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.	Full Name (Last, First, Middle Initial) Wood M. Deming	Date of Receipt MM / DD / YYYY 11 / 12 / 2008
	Mailing Address 640 US Highway 51 Bypass E Suite D	Transaction ID: 146cba34996d46598b67
	City State Zip Code Dyersburg TN 38305-2040	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Regional Cardiology Consultants	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Samir A. Elian	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 4455 Town Ceter Park Way	Transaction ID: eda3f2ffce42465392b8
	City State Zip Code Flint MI 48532	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Flint Cardiovascular Consultants, P.C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Peter J. Epstein	Date of Receipt MM / DD / YYYY 11 / 10 / 2008
	Mailing Address 3 Clover Drive	Transaction ID: c6002da5b79e466ba0cd
	City State Zip Code Great Neck NY 11021-1817	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Brookdale Hospital Medical Ctr	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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: PAGE 13 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Michael D. Evans

Mailing Address 110 Rio Grande Drive

City Mission State TX Zip Code 78572-7419

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

Name of Employer Heart Clinic, P.A. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 41a67a0c31614789a134
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
James W. Fasules

Mailing Address 6 Cascades Drive
1900 Maryland

City Little Rock State AR Zip Code 72202

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: 42469145340bdf0c45f8
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
John Michael J. Gaca

Mailing Address 2 Tricorner Circle

City Northborough State MA Zip Code 01532-1878

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: 11 / 19 / 2008
Transaction ID: bdba6c76ac564b8caed2
Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ▶ 492.00

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: PAGE 14 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Akash Ghai

Mailing Address 1300 Medical Drive

City State Zip Code
Tallahassee FL 32308-4646

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

Name of Employer Occupation
Southern Medical Group, P.A. NON-INVASIVE CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 9c140c59d75f7ed4840

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Mark S. Goldfarb

Mailing Address 201 Lynnwood Boulevard

City State Zip Code
Nashville TN 37205-2905

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

Name of Employer Occupation
Heart Group ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: f8b66db8737ab287ce0

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Stephen E. Green

Mailing Address 1430 Tyler Drive

City State Zip Code
Woodland CA 95124-3910

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 5 / 2 0 0 8

Transaction ID: 42cd700ab05c41918776

Amount of Each Receipt this Period
500.00

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: PAGE 15 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David E. Guyer

Mailing Address 74 Sulfrin Road

City State Zip Code
New Providence NJ 10021

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

Name of Employer Occupation
Cornell Medical Center 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
1 0 / 3 0 / 2 0 0 8

Transaction ID: 10a61efde3eb40dbb743

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Arthur D. Hagan

Mailing Address 1301 W 6th Avenue #110

City State Zip Code
Stillwater OK 74074-4377

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

Name of Employer Occupation
Stillwater Heart Center 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
1 1 / 1 4 / 2 0 0 8

Transaction ID: b4a0692059074b58a1b6

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
J. Daniel Hill

Mailing Address 281 Monte Vista Ridge Road

City State Zip Code
Orinda CA 94705-2067

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

Name of Employer Occupation
Berkeley Cardiovascular Medical Group ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 21a00cb0ada7460babb1

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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: PAGE 16 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Thomas J. Hougen

Mailing Address 11920 Cragwood Way

City Potomac State MD Zip Code 22205-3687

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

Name of Employer Georgetown Pediatric Cardiology Assoc Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 21 / 2008
Transaction ID: 8691d38a6abcfa9c6d
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1124 Laurie Lane

City Willowbrook State IL Zip Code 60608-5907

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

Name of Employer Mohammad Jamil Heart Clinic, Ltd. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 30 / 2008
Transaction ID: e5dc3748e1c9473a8308
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Gary S. Kauffman

Mailing Address 5201 Mount View

City Paradise Valley State AZ Zip Code 85020-2459

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

Name of Employer North Phoenix Heart Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2008
Transaction ID: d9bf44b3ea9243609af4
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joseph M. Kiernan

Mailing Address 201 Ridgewood Court

City State Zip Code
Vienna VA 22180-3571

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

Name of Employer Occupation
Cardiovascular Group, PC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: 18fb2b7ddeb44568bce4

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)

George V. Kuttickat

Mailing Address 231 S Lake Court

City State Zip Code
Sheboygan WI 53081-7913

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

Name of Employer Occupation
Sheboygan Clinic ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 8866306a0e804a0eae35

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Robert S. Lee

Mailing Address 614 East Curling Drive

City State Zip Code
Boise ID 83702-1905

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 658f5fff68e2479aa700

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 45
	<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.	Full Name (Last, First, Middle Initial) Stephen J. Lewis		Date of Receipt
	Mailing Address 6824 Miami Bluff Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 07 / 2008
	City	State	Zip Code
	Cincinnati	OH	45242-4401
	FEC ID number of contributing federal political committee. C		Transaction ID: e3b752b3d465405d8090
Name of Employer Cardiology Center of Cincinnati		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"/> 500.00

B.	Full Name (Last, First, Middle Initial) Henry C. Marquez		Date of Receipt
	Mailing Address 2406 Cedar Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 14 / 2008
	City	State	Zip Code
	Sedalia	MO	65301-1179
	FEC ID number of contributing federal political committee. C		Transaction ID: ddd4b5eadb5f4490a393
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) Jose L. Marquez		Date of Receipt
	Mailing Address 3659 South Miami Avenue Suite 4001		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 16 / 2008
	City	State	Zip Code
	Miami	FL	33133-4225
	FEC ID number of contributing federal political committee. C		Transaction ID: bbd5a65406a44d788bfb
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1250.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Michael J. Mirro	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
Mailing Address 2005 Prestwick Lane	Transaction ID: 4e738fc79f19e5c4b37c
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C	
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00

B.

Full Name (Last, First, Middle Initial) Eugene V. Moffett	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 185 E 7th Avenue	Transaction ID: 70989b1209aad1d067b
City State Zip Code Chico CA 95926-3356	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.

Full Name (Last, First, Middle Initial) Navin C. Nanda	Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 4240 Kennesaw Drive 619 S 19th Street	Transaction ID: a567f5a1c0b26c307fa
City State Zip Code Birmingham AL 35249-0001	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C	
Name of Employer University Hospital	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional)	950.00
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: PAGE 20 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rick A. Nishimura

Mailing Address 2607 Tuxedo Lane, Northwest

City State Zip Code
Rochester MN 55905-0001

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

Name of Employer Occupation
Mayo Clinic Division of Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 7 / 2 0 0 8

Transaction ID: 9e5cd0a4d4a3493cb9d0

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael A. Nocero

Mailing Address 103 Satsuma Drive

City State Zip Code
Altamonte Springs FL 32803-1876

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

Name of Employer Occupation
Central Florida Cardiology Group ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: c9df317089964d0c87f9

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William W. O'Neill

Mailing Address 66 Lakeshore Road
1600 Northwest 10th Avenue

City State Zip Code
Grosse Pointe Farm MI 33136

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

Name of Employer Occupation
University of Miami Division of Cardiology INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 4e2e910759514d08619

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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: PAGE 21 / 45
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
James P. Olson

Mailing Address 6204 S Pinehurst Court

City State Zip Code
Sioux Falls SD 57108-2429

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 71ec62c6a30d458c9428

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Gary E. Oppenheim

Mailing Address 12411 Northeast 29th Street

City State Zip Code
Bellevue WA 98005-1644

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 6978035bc9374673b4e7

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Philip A. Paspas

Mailing Address 161 Pleasant Point Drive

City State Zip Code
Hickory NC 28601-8817

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: c47b11598d6749d78a2b

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ► **800.00**

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: PAGE 22 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Rajendra Patel		Date of Receipt MM / DD / YYYY 11 / 14 / 2008
Mailing Address 707 White Horse Rd Ste C104		Transaction ID: 52edd135ffec4d138ddd
City Voorhees	State Zip Code NJ 08043-2461	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gardenstate Cardiology As-soc., PC	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Rajendra Patel		Date of Receipt MM / DD / YYYY 11 / 21 / 2008
Mailing Address 707 White Horse Rd Ste C104		Transaction ID: 3f6506df65fa0a699f0
City Voorhees	State Zip Code NJ 08043-2461	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Gardenstate Cardiology As-soc., PC	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.

Full Name (Last, First, Middle Initial) David J. Pinnelas		Date of Receipt MM / DD / YYYY 11 / 07 / 2008
Mailing Address 2 Hopi Court		Transaction ID: 449977b72ef64819845d
City Manalapan	State Zip Code NJ 07726-4628	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Shore Heart Group	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

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

FOR LINE NUMBER: PAGE 23 / 45
(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. Full Name (Last, First, Middle Initial)
Jack V. Pinto

Mailing Address 28242 Gray Barn Lane

City State Zip Code
Barrington IL 60010-7701

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

Name of Employer Palatine Heart Center Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 6b8caba45708458da812

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald J. Prineas

Mailing Address 2000 W First Street Suite 505

City State Zip Code
Winston Salem NC 27104-4225

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

Name of Employer Wake Forest University School of Medcn Occupation RESEARCH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 4eb0292081b4452396c4

Amount of Each Receipt this Period
250.00

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

Mailing Address 1365 Clifton Road Northeast Suite

City State Zip Code
Atlanta GA 30303

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

Name of Employer Emory University School of Medicine Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 9 / 2 0 0 8

Transaction ID: c61acf577c224f6aaa01

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Derrick E. Ridley

Mailing Address 4414 Chesapeake Avenue

City State Zip Code
Hampton VA 23666-5975

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

Name of Employer
Hampton Roads Cardiology, PLLC

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
1 0 / 2 7 / 2 0 0 8

Transaction ID: a85b77d18a6744538f5c

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Reginald L. Robinson

Mailing Address 5019 16th Street Northwest

City State Zip Code
Washington DC 20011-3841

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

Name of Employer
Cardiology Associates, P.-C.

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
1 0 / 2 7 / 2 0 0 8

Transaction ID: ae0e04560f5d410f80a0

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
George P. Rodgers

Mailing Address 2441 Westlake Drive

City State Zip Code
Austin TX 78759-5459

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

Name of Employer
Biophysical Corporation

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
930.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 9 / 2 0 0 8

Transaction ID: 4c029e2e7eebd4676cf0

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **585.00**

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: PAGE 25 / 45

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)

Felix J. Rogers

Mailing Address 5400 Fort Street Suite 200

City State Zip Code
Trenton MI 48183-4636

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

Name of Employer Occupation
Downriver Cardiology Consultants ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 7 / 2 0 0 8

Transaction ID: df7a4abc285a48999ae0

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Manfred A. Sandler

Mailing Address 4611 River Bottom Drive

City State Zip Code
Norcross GA 30045-8725

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

Name of Employer Occupation
Cardiovascular Group, P.C. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 0 / 2 0 0 8

Transaction ID: 63c66092d6814f248ed1

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)

Mark L. Sanz

Mailing Address 3122 Martinwood Road
500 W Broadway

City State Zip Code
Missoula MT 59802

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

Name of Employer Occupation
International Heart Institute of Montana INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 3 / 2 0 0 8

Transaction ID: 0ab1c0d11cad44d9ac34

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1150.00

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: PAGE 26 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Barry E. Shapiro

Mailing Address 1590 Whispering Woods Way

City Vineland State NJ Zip Code 08332-2530

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

Name of Employer South Jersey Cardiology P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2008

Transaction ID: 51c5eb6e9e7e4378ace6

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Prithvi R. Sharma

Mailing Address Building C, Suite 201
2438 Ponderosa Dr., North

City Camarillo State CA Zip Code 93010-2369

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 11 / 14 / 2008

Transaction ID: 83d8b1bc23014941be9f

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Peder M. Shea

Mailing Address 3292 Lahitte Court

City San Diego State CA Zip Code 92130-3318

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

Name of Employer Scripps Clinic and Research Foundation Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 21 / 2008

Transaction ID: ae771e1409c43f933ca

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Paul R. Silverman

Mailing Address 1135 N Kenilworth

City State Zip Code
Oak Park IL 60302-1215

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

Name of Employer Cardiovascular Consultants South Subur
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
11 / 05 / 2008

Transaction ID: 56743c7c7e6a4f758211

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Richard W. Snyder

Mailing Address 5514 Yolanda

City State Zip Code
Dallas TX 75230-2500

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

Name of Employer Heart Place
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4285.75

Date of Receipt
MM / DD / YYYY
10 / 27 / 2008

Transaction ID: 80ce557a2f034e31bbe8

Amount of Each Receipt this Period
357.15

C.

Full Name (Last, First, Middle Initial)
Alan D. Steljes

Mailing Address 100 N Green Valley Pwy Suite 245

City State Zip Code
Henderson NV 89074-7704

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
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: a743cd6b60665143963

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **957.15**

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 28 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Maria E. Taveras

Mailing Address 1905 Huebbe Parkway

City State Zip Code
Beloit WI 53511-1842

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 2 0 / 2 0 0 8

Transaction ID: 2b68caf5625d44c8acdd

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Richard G. Trohman

Mailing Address 1653 West Congress Parkway, Room 9

City State Zip Code
Chicago IL 60612-3833

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

Name of Employer Rush Presb.-St. Lukes Med. Ctr. Occupation
ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 8

Transaction ID: 74be9a551c6740e6879e

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1051 Montgomery Avenue

City State Zip Code
Narberth PA 19072-1605

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

Name of Employer Temple University Hospital Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: e0174ae91a53a417e81

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2000.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Egerton K. Van Den Berg	Date of Receipt MM / DD / YYYY 11 / 14 / 2008
	Mailing Address 2320 N Orange Avenue	Transaction ID: e0f60f1abd714db097eb
	City State Zip Code Orlando FL 32804-5506	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Cardiology Consultants Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) George W. Vetrovec	Date of Receipt MM / DD / YYYY 11 / 14 / 2008
	Mailing Address 1200 E Broad Street Box 980036	Transaction ID: 3152bd7015db449196dd
	City State Zip Code Richmond VA 23298-5058	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: VCU-Medical College of Virginia Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mary N. Walsh	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address 428 West 83rd Place	Transaction ID: 4474b60de8bb7b387b70
	City State Zip Code Indianapolis IN 46260-1992	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: The Care Group LLC Occupation: HEART FAILURE/TRANSPLANT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2850.00
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 / 45
	<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.	Full Name (Last, First, Middle Initial) John J. Warner	Date of Receipt MM / DD / YYYY 10 / 29 / 2008
	Mailing Address Division of Cardiology 5323 Harry Hines Boulevard Ha 9.13	Transaction ID: 89ea1819b33840a5a2b7
	City State Zip Code Dallas TX 75390-0001	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Texas South-western Medic Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Paul E. Wawrzynski	Date of Receipt MM / DD / YYYY 11 / 05 / 2008
	Mailing Address 15 Coronado Drive	Transaction ID: 8f93a788bd8e4b549d1d
	City State Zip Code New Castle PA 16105-1009	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Tin M. Way	Date of Receipt MM / DD / YYYY 11 / 13 / 2008
	Mailing Address 481 Plumas Street Suite 201	Transaction ID: 65df175438314823a3fd
	City State Zip Code Yuba City CA 95991-5075	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

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

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

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

FOR LINE NUMBER: PAGE 31 / 45
(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. Full Name (Last, First, Middle Initial)
Sylvan L. Weinberg

Mailing Address 4555 Southern Boulevard

City State Zip Code
Dayton OH 45429-1118

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 8

Transaction ID: d2efcf8f98d04eaea8c3

Amount of Each Receipt this Period
250.00

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

Mailing Address 15636 Fiddlesticks Boulevard
13411 Parker Commons Boulevard, Su

City State Zip Code
Fort Myers FL 33912

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

Name of Employer Cardiology Consultants of Southwest Fl Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 8

Transaction ID: 20b38e4d87e14ffb8141

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Bret A. Witter

Mailing Address 5340 El Prado Avenue

City State Zip Code
Long Beach CA 90815-3909

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 1 / 2 0 0 8

Transaction ID: 444c2c8365e40f0211e

Amount of Each Receipt this Period
250.00

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 45
(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. Full Name (Last, First, Middle Initial)
Matthew R. Wolff

Mailing Address G7339 Clinical Science Center
600 Highland Avenue

City Madison State WI Zip Code 53792-0001

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

Name of Employer University Hospital Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 21 / 2008
Transaction ID: 0bc68c38f3af4757fd9
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael J. Wolk

Mailing Address 876 Park Avenue

City New York State NY Zip Code 10021-8722

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

Name of Employer New York Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt 10 / 30 / 2008
Transaction ID: 4eae189bc26965b7431
Amount of Each Receipt this Period 83.33

C. Full Name (Last, First, Middle Initial)
Taylor M. Wray

Mailing Address 14 Lynnwood Lane

City Nashville State TN Zip Code 37203-1831

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

Name of Employer Mid-State Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 19 / 2008
Transaction ID: eb6f03d25c334ca2a58b
Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional) ▶ **708.33**

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: PAGE 33 / 45
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
David M. Yamada

Mailing Address 1580 Hillview Drive

City State Zip Code
Sarasota FL 34239-2026

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 ▼ 375.00

Date of Receipt
MM / DD / YYYY
11 / 21 / 2008

Transaction ID: 8b5b14ecdcee39a799

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Jesus F. Yap

Mailing Address 1177 Summer Street 5th Floor

City State Zip Code
Stamford CT 06905-5522

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

Name of Employer Cardio Assoc of Fairfield County PC Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 14 / 2008

Transaction ID: a6cccd4e2eca48c88aa3

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
David Z. Young

Mailing Address 67 Shadow Oak Drive

City State Zip Code
Sudbury MA 01776-3165

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

Name of Employer Heart Center of MetroWest Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 07 / 2008

Transaction ID: 997f04e877814c53a35c

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	31076.48

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 45
(check only one)

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

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

A.

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

Mailing Address P.O. Box 85024

City	State	Zip Code
Richmond	VA	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 ▼

5630.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	8

Transaction ID: b6cb69bf11360a57621

Amount of Each Receipt this Period

348.40

Reimburse for Oct. Amex and Nov.. Merchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	348.40
TOTAL This Period (last page this line number only)	▶	348.40

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

A.	Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement October Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Vcd8eeaf247d9eae3fe3 Date of Disbursement 10 / 31 / 2008 Amount of Each Disbursement this Period 53.54 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement November Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M0a400f31fe76b3a528a Date of Disbursement 11 / 04 / 2008 Amount of Each Disbursement this Period 15.00 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741 Purpose of Disbursement November Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: Va0f41d778f6b6c194bb Date of Disbursement 11 / 10 / 2008 Amount of Each Disbursement this Period 136.88 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

205.42

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: M34703f78662df28c9c0

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	1		0	4		2	0	0	8

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

142.98

Purpose of Disbursement
November Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

142.98

TOTAL This Period (last page this line number only)

348.40

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

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 45

<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

<p>A. Full Name (Last, First, Middle Initial) Charles Boustany Jr MD for Congress, Inc</p> <p>Mailing Address PO Box 80126</p> <p>City Lafayette State LA Zip Code 70598</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Charles W. Boustany, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 8464a4f9338f4419878</p> <p>Date of Disbursement 10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee, The</p> <p>Mailing Address PO Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Joe Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 348aa329a85bbcb16b4</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 4cfe7699d0951a2d630</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Enzi for US Senate <hr/> Mailing Address PO Box 2775 <hr/> City Cody State WY Zip Code 82414 <hr/> Purpose of Disbursement 2008 General Candidate Name Michael B. Enzi <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 13b8887c1f7bfc39619 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214 <hr/> Purpose of Disbursement 2008 General Candidate Name Daniel B. Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1f2754020385f23b78d Date of Disbursement 10 / 21 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Glenn Nye <hr/> Mailing Address PO Box 68444 <hr/> City Virginia Beach State VA Zip Code 23471 <hr/> Purpose of Disbursement 2008 General Candidate Name Glenn Carlyle Nye, III <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: c6876b7136fc6eaebf4 Date of Disbursement 10 / 16 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn <hr/> Mailing Address PO Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement 2008 General Candidate Name James E. Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 154177ff940cb8f271c Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Mark Warner <hr/> Mailing Address 1029 North Royal Street 2nd Fl <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement 2008 General Candidate Name Mark R. Warner <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: e1b5e5ca499bd77d2fd Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel <hr/> Mailing Address PO Box 101124 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement 2008 General Candidate Name Rahm Israel Emanuel <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 954d16a5e2d34366391 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 4000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

**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

A. Full Name (Last, First, Middle Initial) Friends of Sessions Senate Committee Inc Mailing Address PO Box 4278 City Montgomery State AL Zip Code 36103 Purpose of Disbursement 2008 General Candidate Name Jeff Sessions Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 821773b11b3c4cef393 Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Gerry Connolly for Congress Mailing Address PO Box 563 City Merrifield State VA Zip Code 22116 Purpose of Disbursement 2008 General Candidate Name Gerry Connolly Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 023c7f7b42c94919673 Date of Disbursement 10 / 21 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) IMPACT Mailing Address 509 Madison Ave. Suite 1902 City New York State NY Zip Code 10022 Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: bc3ef037ac10ca78f09 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) John Lewis for Congress</p> <p>Mailing Address 303 Peachtree Street, NE Suite 5300</p> <p>City Atlanta State GA Zip Code 30308</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name John Lewis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 05</p>	<p>Transaction ID: 75824ed5102f7526c3d</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc</p> <p>Mailing Address Post Office Box 470840</p> <p>City Tulsa State OK Zip Code 74147</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name John Sullivan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OK District: 01</p>	<p>Transaction ID: 39106088961cadd1897</p> <p>Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership of Today and Tomorrow</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: ce55826566ab9306af9</p> <p>Date of Disbursement 10 / 22 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mike McMahon for Congress <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement 2008 General Candidate Name Michael E. McMahon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5fef6a22a7421e9486a Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) National Leadership PAC <hr/> Mailing Address PO Box 5577 <hr/> City New York State NY Zip Code 10027 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: ca75721ac7fc565f87c Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Pat Roberts for U S Senate Inc <hr/> Mailing Address PO Box 433 <hr/> City Great Bend State KS Zip Code 67530 <hr/> Purpose of Disbursement 2008 General Candidate Name Pat Roberts <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: c5fac733dc1858c2520 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Rangel for Congress Mailing Address PO Box 5577 City New York State NY Zip Code 10027 Purpose of Disbursement 2008 General Candidate Name Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ed13cb47eecd9d6801 Date of Disbursement 10 / 20 / 2008
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) Red Rooster Leadership PAC Mailing Address 228 S Washington St Ste 115 City Alexandria State VA Zip Code 22314 Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 65601a69bd5f3f9d825 Date of Disbursement 10 / 22 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

C. Full Name (Last, First, Middle Initial) Reed Committee Mailing Address PO Box 8628 City Cranston State RI Zip Code 02920 Purpose of Disbursement 2008 General Candidate Name Jack Reed Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: ed68552c2bfc3ca242c Date of Disbursement 10 / 23 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	12500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Texas Freedom Fund</p> <p>Mailing Address 104 East Hume Avenue</p> <p>City Alexandria State VA Zip Code 22301</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 83bb5a0bcd03f9661a6 Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Udall for Us All</p> <p>Mailing Address 3311 Candelaria NE Suite A</p> <p>City Albuquerque State NM Zip Code 87107</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Tom Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: d4272d3c5918d0ab83b Date of Disbursement 10 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wulsin for Congress</p> <p>Mailing Address 1080 Nimitzview Dr. Suite 400</p> <p>City Cincinnati State OH Zip Code 45230</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Victoria Wulsin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 3be7f4ca45f94348e16 Date of Disbursement 10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

96500.00