

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW

Check if different than previously reported. (ACC)

Washington DC 20037-1153

2. **FEC IDENTIFICATION NUMBER** C00375360

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input checked="" type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 05 01 2010 through 05 31 2010

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 Carlton G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 06 14 2010

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							
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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
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	303815.99									
(c) Total Receipts (from Line 19)	24053.28	278529.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	327869.27	489079.10								
7. Total Disbursements (from Line 31)	96329.13	257538.96								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	231540.14	231540.14								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15333.68	224700.70
(ii) Unitemized	7273.67	46722.69
(iii) TOTAL (add Lines 11(a)(i) and (ii)	22607.35	271423.39
(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)	22607.35	271423.39
12. Transfers From Affiliated/Other Party Committees	1445.93	1445.93
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)	0.00	5659.82
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24053.28	278529.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24053.28	278529.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1329.13	7073.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1329.13	7073.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95000.00	250000.00
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	465.05
(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	465.05
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))..	96329.13	257538.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96329.13	257538.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	22607.35	271423.39
34. Total Contribution Refunds (from Line 28(d))	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22607.35	270958.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1329.13	7073.91
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	5659.82
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1329.13	1414.09

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

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

FOR LINE NUMBER: PAGE 6 / 43
(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)
Jesse E. Adams, III, M.D.,
Mailing Address 1205 Isleworth Drive
City State Zip Code
Louisville KY 40245-5221
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Cardiologists Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00
Date of Receipt 05 / 07 / 2010
Transaction ID: 3E1638B5-EEA8-4BBD-
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.
Mailing Address 2256 Carlyle Court
City State Zip Code
Buffalo Grove IL 60089-4695
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 1000.00
Date of Receipt 05 / 30 / 2010
Transaction ID: 47A882EB278DA139C628
Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Rene J. Alvarez, Jr., M.D.,
Mailing Address 425 McKean Drive
City State Zip Code
Wexford PA 15090-7327
FEC ID number of contributing federal political committee. **C**
Name of Employer University of Pittsburgh Medical Center Occupation HEART FAILURE/TRANSPLANT
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.02
Date of Receipt 05 / 19 / 2010
Transaction ID: 44E49F4F568FF1307338
Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) **533.34**
TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 43
	<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) Scott B. Baron, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 24 / 2010
	Mailing Address 6347 Coyle Avenue	Transaction ID: 071C2283A271706A286
	City State Zip Code Carmichael CA 95608-0438	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Timothy M. Bateman, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 29 / 2010
	Mailing Address 3410 West 89th Street	Transaction ID: 49F9B47EACEC96337F39
	City State Zip Code Leawood KS 66206-1629	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Consultants, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Eric R. Bates, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 13 / 2010
	Mailing Address 840 Cherrystone Court	Transaction ID: 46DB8BE8A6F10A5CFB13
	City State Zip Code Ann Arbor MI 48105-3038	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Michigan Hospitals and H	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	1134.00
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 / 43
(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)
David J. Bohle, M.D., F.A.

Mailing Address 5000 Marble Arch Road

City State Zip Code
Winston Salem NC 27104-5025

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

Name of Employer Occupation
Winston-Salem Cardiology INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010

Transaction ID: 835D6B1BAABB4A12742

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City State Zip Code
San Francisco CA 94127-2554

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

Name of Employer Occupation
Oakland Kaiser Medical Center INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
05 / 02 / 2010

Transaction ID: 44AA88690A7A7BE39B23

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court

City State Zip Code
Naperville IL 60563

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

Name of Employer Occupation
Midwest Heart Specialists-Edward Heart ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 4AA68311D0CF9F95F8EC

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 43
	<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 G. Cacchione, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 02 / 2010		
	Mailing Address 5740 Hickory Knoll Court		Transaction ID: 45D9818985C1B9870FDC		
	City Fairview	State PA	Zip Code 16415-3246	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cleveland Clinic	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.00			

B.	Full Name (Last, First, Middle Initial) Linda P. Calhoun, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 106 Chimney Lane		Transaction ID: FE13458B3DA88D0D8CA		
	City Wilmington	State NC	Zip Code 28409-4908	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wilmington Cardiology PLLC	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) Eric B. Carlson, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 24 / 2010		
	Mailing Address 4606 Whitby Place		Transaction ID: E2E9E73BF70AC7CA52D		
	City Greensboro	State NC	Zip Code 27406-8600	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Eastern Cardiology, P.A.	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional)	▶	1084.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 43
	<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, II, M.D.,	Date of Receipt MM / DD / YYYY 05 / 30 / 2010
	Mailing Address 1819 Breamar Drive	Transaction ID: 4D9784F48133F8754BE3
	City State Zip Code Fort Wayne IN 46814-9364	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Fort Wayne Cardiology 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) Dave Yu Chua, M.D., M.S.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 1531 Watkins Lane # 203	Transaction ID: 14D0579FE8A85568EA9
	City State Zip Code Naperville IL 60540-9264	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dreyer Medical Clinic PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) David J. Clardy, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 801 Broadway N	Transaction ID: 4704B3DB9C24A6A6D96D
	City State Zip Code Fargo ND 58102-3641	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Meritcare Medical Center ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	549.00
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 11 / 43
	<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) Bernard A. Clark, III, M.D.,	Date of Receipt MM / DD / YYYY 05 / 29 / 2010
	Mailing Address 95 Johnny Cake Lane	Transaction ID: 4B0BDBFB649A69EF0DBE
	City State Zip Code Glastonbury CT 06033-2545	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation St. Francis Hospital and Medical Centre ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Lianna S. Collinge, CAE	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 4014 88th Avenue Northwest	Transaction ID: 469DBE6683F7654F9055
	City State Zip Code Gig Harbor WA 98335-6157	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Washington Chapter of the ACC Cardiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.34	

C.	Full Name (Last, First, Middle Initial) Daniel P. Conroy, Jr., M.D.,	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 122 Heller Way	Transaction ID: 416E95BE13B1DC01BAD4
	City State Zip Code Montclair NJ 07043-2512	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	233.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43
(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)
Eric J. Dippel, M.D., F.A.

Mailing Address 6800 Ridges Court

City State Zip Code
Bettendorf IA 52722-6508

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

Name of Employer Cardiovascular Medicine, P.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 27 / 2010
Transaction ID: ADB5CA866C9AD28D10C
Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Circle

City State Zip Code
Murfreesboro TN 37130-7608

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt 05 / 25 / 2010
Transaction ID: 4DC89D4E04F8DD2E05EA
Amount of Each Receipt this Period 83.33

C.

Full Name (Last, First, Middle Initial)
Jonathan Fisher, M.D., F.A.

Mailing Address 2046 Norton Road

City State Zip Code
Charlotte NC 28207-2136

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

Name of Employer Mid Carolina Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2010
Transaction ID: D8EA84BA9904A7B9FA8
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1333.33

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 43
(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)
Kevin Fitzpatrick

Mailing Address Heart House
2400 N Street Northwest

City Washington State DC Zip Code 20037-1152

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

Name of Employer American College of Cardiology Occupation ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 05 / 12 / 2010

Transaction ID: 4B3E9AA155B97F350E08

Amount of Each Receipt this Period 84.00

B.

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

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 ▼ 300.00

Date of Receipt 05 / 27 / 2010

Transaction ID: 8237725B723E29DE3CA

Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
Donald D. Glower, M.D., F.A.

Mailing Address 205 Madera Lane

City Chapel Hill State NC Zip Code 27517-8346

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

Name of Employer Duke University Medcl Ctr-Private Diag Occupation CARDIOVASC. SURG.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 27 / 2010

Transaction ID: EB98FBC7B2F72E8BC79

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ **634.00**

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 / 43
(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)
David Joseph Gorecki, M.D., F.A.

Mailing Address 901 Lincolnway, #310

City State Zip Code
La Porte IN 46350-3429

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

Name of Employer Occupation
La Porte Hospital ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: 3B87B303D009521DE68

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Lee W. Gould, M.D., F.A.

Mailing Address 3865 Country Club Drive

City State Zip Code
Lewiston ID 83501-9622

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2010

Transaction ID: 4243BF4839CA41EA97A1

Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
David B. Grossberg, M.D., F.A.

Mailing Address 2 Crestview Court

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: EEFA8A22CC8FB20A1E3

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **699.00**

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 / 43
(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)
Jaime O. Henrique, M.D.
Mailing Address 2215 E 2nd Street Apt. 9

City State Zip Code
Long Beach CA 90033

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

Name of Employer Occupation
University of Southern California M 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 Y
0 5 / 0 7 / 2 0 1 0

Transaction ID: 63C424F43DF7416A23D

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Douglas L. Hill, M.D., F.A.
Mailing Address 3050 Bentwood Circle

City State Zip Code
Tupelo MS 38804-9736

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

Name of Employer Occupation
Cardiology Associates of North Mississ 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 Y
0 5 / 2 7 / 2 0 1 0

Transaction ID: 25C0D6C91F75AC08839

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert E. Hobbs, M.D., F.A.
Mailing Address 2713 Dryden Road

City State Zip Code
Beachwood OH 44122

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

Name of Employer Occupation
Cleveland Clinic HEART FAILURE/TRANSPLANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 5 / 2 0 1 0

Transaction ID: 4228AB0286CF98D062EA

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **833.34**

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

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

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

FOR LINE NUMBER: PAGE 16 / 43
(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)
David R. Holmes, Jr., M.D.,
Mailing Address 1122 21st Street, Northeast

City State Zip Code
Rochester MN 55906-4059

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

Name of Employer Occupation
Mayo Clinic ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
05 / 13 / 2010

Transaction ID: 4649B80F33A957479EF9

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
John G. Ivanoff, M.D., F.A.
Mailing Address 11516 South Hudson

City State Zip Code
Tulsa OK 74137

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) ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2010

Transaction ID: 66F5CB8645C9180D98B

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Robert L. Jobe, M.D., F.A.
Mailing Address 3000 New Bern Avenue Suite G100

City State Zip Code
Raleigh NC 27610-1231

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

Name of Employer Occupation
Wake Heart Associates ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
05 / 27 / 2010

Transaction ID: 808567D6C67BD669927

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **834.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 43
	<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) C. David Joffe, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 7067 Meeker Commons	Transaction ID: 48EF87BFC755AA2B2498
	City State Zip Code Dayton OH 45414-2065	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Dayton Heart Center, Inc. INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.02	

B.	Full Name (Last, First, Middle Initial) Mark S. Kremers, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 28 / 2010
	Mailing Address 18239 Mainsail Pointe Drive	Transaction ID: FC9803DA-258F-4DBC-
	City State Zip Code Cornelius NC 28031-5199	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Mid Carolina Cardiology ELECTROPHYSIOLOGY	
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) Andrew L. Mecca, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 311 W 24th Street Suite 401	Transaction ID: D0B51FB17B6074F70F8
	City State Zip Code Erie PA 16502-2667	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Consultants in Cardiovascular Diseases ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	833.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 43
	<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) Albert B. Mercer, M.D., F.A.		Date of Receipt
	Mailing Address 1120 Griffith Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 25 / 2010
	City	State	Zip Code
	Owensboro	KY	42301-2812
	FEC ID number of contributing federal political committee. C		Transaction ID: 45B8B57FE150D893B88E
Name of Employer Green River Heart Institute		Occupation INTERVENTIONAL 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"/> 100.00
		<input type="text"/> 400.00	

B.	Full Name (Last, First, Middle Initial) Margo B. Minissian, ACNP-BC, M		Date of Receipt
	Mailing Address 444 S San Vicente Boulevard Suite		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 15 / 2010
	City	State	Zip Code
	Los Angeles	CA	90048-4174
	FEC ID number of contributing federal political committee. C		Transaction ID: 44EABED8DF00FFE2C1BF
Name of Employer Cedars Sinai Womens Heart Center		Occupation PREVENTIVE 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"/> 84.00
		<input type="text"/> 336.00	

C.	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.		Date of Receipt
	Mailing Address 2005 Prestwick Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 30 / 2010
	City	State	Zip Code
	Fort Wayne	IN	46814-9317
	FEC ID number of contributing federal political committee. C		Transaction ID: 4F91A827049B28912910
Name of Employer Fort Wayne Cardiology Corporation		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"/> 100.00
		<input type="text"/> 500.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 284.00
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: PAGE 19 / 43
(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)
Jaime Moriguchi, M.D., F.A.
Mailing Address 7359 Rutherford Hill Drive

City State Zip Code
West Hills CA 91307-5204

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

Name of Employer Occupation
University Cardiovascular CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY
MedicalClini

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: D0AF31A5CCB23FCB234
 Amount of Each Receipt this Period
 365.00

B. Full Name (Last, First, Middle Initial)
Roger K. Muse, M.D., F.A.
Mailing Address 8706 Rolling Acres Trail

City State Zip Code
Fair Oaks Ranch TX 78015-4015

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

Name of Employer Occupation
Self-Employed ELECTROPHYSIOLOGY

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

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	0

Transaction ID: CF3702FEE955E575C2E
 Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
Paul J. O'Brien, M.D., F.A.
Mailing Address 4660 Kenmore Avenue Suite 800

City State Zip Code
Alexandria VA 22304-1300

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

Name of Employer Occupation
Virginia Cardiology, P.C. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	9	/	2	0	1	0

Transaction ID: 4F92B2DDC585065865E2
 Amount of Each Receipt this Period
 84.00

SUBTOTAL of Receipts This Page (optional) ► 849.00

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 20 / 43
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) James M. Perschbacher, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 27 / 2010
Mailing Address 485 Twin Creek Road		Transaction ID: 825C6E8787710A174F5
City Creve Coeur	State MO	Zip Code 63141-8623
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Metro Heart Group of St. Louis, inc	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.

Full Name (Last, First, Middle Initial) Joel M. Phares, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 27 / 2010
Mailing Address 3105 Stadium Court		Transaction ID: B7B02F83B8720E5BC4B
City Franklin	State MS	Zip Code 39532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation INVASIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) David J. Pinnelas, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 06 / 2010
Mailing Address 2 Hopi Court		Transaction ID: 45A1B8B381358E651992
City Manalapan	State NJ	Zip Code 07726-4628
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 41.66
Name of Employer Shore Heart Group	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.30	

SUBTOTAL of Receipts This Page (optional)	706.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 43
	<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) David A. Rosenbaum, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 08 / 2010
	Mailing Address 2835 Halley's Court	Transaction ID: 48DEA88B2601EC1B1895
	City State Zip Code Colorado Springs CO 80906-1067	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pikes Peak Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

B.	Full Name (Last, First, Middle Initial) Florence G. Rothenberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 222 Reily Road	Transaction ID: 4EF8B6E7654C338BC0F9
	City State Zip Code Cincinnati OH 45215	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Cincinnati CARDIOVASCULAR RESEARCH	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) John S. Rumsfeld, M.D., Ph.D	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address Cardiology (111B) 1055 Clermont Street	Transaction ID: 4B288982A1EDAC61695D
	City State Zip Code Denver CO 80220-3808	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Denver VA Medical Center / University ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.65	

SUBTOTAL of Receipts This Page (optional)	250.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 43
	<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 K. Schroyer, RN	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 10580 Meridan Street	Transaction ID: 478B98191929293420FF
	City State Zip Code Indianapolis IN 46290-1028	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Saint Vincent Heart Center of Indiana	Occupation ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	

B.	Full Name (Last, First, Middle Initial) Robert A. Schweikert, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 5031 Tall Timbers Drive	Transaction ID: 582CDC6ED7218255D62
	City State Zip Code Richfield OH 44286-9678	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Akron General Medical Center	Occupation ELECTROPHYSIOLOGY	
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) Michael J. Severino, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 1732 Fargo Boulevard Suite 100	Transaction ID: 4BAF9265BCA116776978
	City State Zip Code Geneva IL 60134-2973	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kane Cardiology, SC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	667.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 43
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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 A. Shaver, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 301 South Lexington Avenue	Transaction ID: 913A1A5907B1FAD47F4
	City State Zip Code Pittsburgh PA 15208-2722	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Pittsburgh Medical Center Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John W. Shuck, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 1100 Forrest Avenue	Transaction ID: 4D77A784659E9977DFDD
	City State Zip Code Dover DE 19904-3309	Amount of Each Receipt this Period 84.00
	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 ▼ 336.00	

C.	Full Name (Last, First, Middle Initial) M. Theodore Silver, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 19 / 2010
	Mailing Address 697 Lebanon Road	Transaction ID: 4D19994628E365FD060E
	City State Zip Code Winterport ME 04496-4023	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Northeast Cardiology Associates Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional)	418.00
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 24 / 43
	<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) Christian Simpfendorfer, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 16309 Forest Light Drive	Transaction ID: B2E88209AB67A71CD0A
	City State Zip Code Colorado Springs CO 80908-2077	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Colorado Springs Cardiologists, PC Occupation: INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Narendra Singh, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 09 / 2010
	Mailing Address 6350 Haddington Lane	Transaction ID: 40F4A94DDE04C622B002
	City State Zip Code Johns Creek GA 30024-5304	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Atlanta Heart Specialists Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.30	

C.	Full Name (Last, First, Middle Initial) Richard W. Snyder, M.D., F.A.	Date of Receipt MM / DD / YYYY 05 / 05 / 2010
	Mailing Address 5514 Yolanda	Transaction ID: 4846B4A17107F99124EA
	City State Zip Code Dallas TX 75229-6440	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Heart Place Occupation: INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	656.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 43
(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)
Mark R. Sorensen, M.D., F.A.

Mailing Address 211 S Main Street #205

City State Zip Code
Cape May Court Hou NJ 08210-2264

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

Name of Employer Cape Shore Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.65

Date of Receipt
MM / DD / YYYY
05 / 09 / 2010

Transaction ID: 4A6696BCDD446FD5DEC0

Amount of Each Receipt this Period
83.33

B. Full Name (Last, First, Middle Initial)
Michael J. Springer, M.D., F.A.

Mailing Address 803 Towner Place

City State Zip Code
Louisville KY 40223-2568

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

Name of Employer Medical Center Cardiologists Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
MM / DD / YYYY
05 / 16 / 2010

Transaction ID: 4ED8B7DE1EDC77B38F2E

Amount of Each Receipt this Period
41.66

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

Mailing Address 7620 Old Georgetown Road, Apt. 121

City State Zip Code
Bethesda MD 20814-6182

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.02

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: 4D5383B5ABA3CA9296D9

Amount of Each Receipt this Period
208.34

SUBTOTAL of Receipts This Page (optional) ► **333.33**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 43
	<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)
Todd G. Tolbert, M.D.

Mailing Address 210 Heady Drive

City Nashville State TN Zip Code 37205-4416

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 08 / 2010

Transaction ID: 493F801BE2630409716B

Amount of Each Receipt this Period 150.00

B.

Full Name (Last, First, Middle Initial)
C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Road

City Lynchburg State VA Zip Code 24503

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

Name of Employer The Cardiovascular Group Centra/Stroob Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.02

Date of Receipt 05 / 19 / 2010

Transaction ID: 45D084D8D4ED88500A6C

Amount of Each Receipt this Period 83.34

C.

Full Name (Last, First, Middle Initial)
Krishnaswami Vijayaraghavan, M.B.B.S.,

Mailing Address 2817 E Ludlow Drive

City Phoenix State AZ Zip Code 85032-5665

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 ▼ 420.00

Date of Receipt 05 / 19 / 2010

Transaction ID: 459CBC80A28F79252071

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► **317.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 43
(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)
Kenneth W. Wallmeyer, M.D., F.A.
Mailing Address 306 Westwood Avenue Suite 401

City State Zip Code
High Point NC 27262-4342

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

Name of Employer Occupation
Carolina Cardiology Associates ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
05 / 24 / 2010
Transaction ID: B9B2FDDF7AC4A9A6641
Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Howard T. Walpole, Jr., M.D.,
Mailing Address 31 Northumberland

City State Zip Code
Nashville TN 37215-4123

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

Name of Employer Occupation
Saint Thomas Health Services INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2010
Transaction ID: 40318596CDD6B226E0D4
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Mary Norine Walsh, M.D., F.A.
Mailing Address 428 West 83rd Place

City State Zip Code
Indianapolis IN 46260-4905

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

Name of Employer Occupation
The Care Group LLC HEART FAILURE/TRANSPLANT

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

Date of Receipt
MM / DD / YYYY
05 / 29 / 2010
Transaction ID: 4306B3D0149F2702F8AB
Amount of Each Receipt this Period
100.00

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 28 / 43
	(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 S. Wilson, Jr., M.D.,		Date of Receipt MM / DD / YYYY 05 / 19 / 2010
Mailing Address 755 Mount Vernon Highway Suite 530		Transaction ID: 4112BC4FA3B35683D01F
City Atlanta	State GA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Cardiology of Georgia, P.-C.	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.

Full Name (Last, First, Middle Initial) Richard F. Wright, M.D., F.A.		Date of Receipt MM / DD / YYYY 05 / 02 / 2010
Mailing Address 1038 South Carmelina Avenue		Transaction ID: 4EB7B32005D13CDD3698
City Los Angeles	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	15333.68

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 29 / 43	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Non-Federal Account		Date of Receipt																					
	Mailing Address 9111 Old Georgetown Road		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	3		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	3		2	0	1	0														
	City State Zip Code		Transaction ID: 25218D9B934F3626589																					
	Bethesda MD 20814		Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td colspan="10">1445.93</td> </tr> </table>		1445.93																				
1445.93																								
Name of Employer		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <table border="1"> <tr> <td colspan="10">1445.93</td> </tr> </table>		1445.93																				
1445.93																								
Reimburse. for April Amex and May Merchant Fees																								

SUBTOTAL of Receipts This Page (optional)	▶	1445.93
TOTAL This Period (last page this line number only)	▶	1445.93

**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 May 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: VC0C34BCD1F7DB833336 Date of Disbursement 05 / 31 / 2010
	Amount of Each Disbursement this Period 76.12 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement May 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: MEA14C5B8EA1EF64A9E3 Date of Disbursement 05 / 03 / 2010
	Amount of Each Disbursement this Period 1253.01 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶

1329.13

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

1329.13

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

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

FOR LINE NUMBER:
(check only one)

<input 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) Allyson Schwartz for Congress <hr/> Mailing Address PO Box 2232 <hr/> City Jenkintown State PA Zip Code 19046 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Allyson Y. Schwartz <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A72570C110191DB41D0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Arcuri for Congress <hr/> Mailing Address PO Box 8508 <hr/> City Utica State NY Zip Code 13505 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael Angelo Arcuri <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D850A9986200AE2A67E Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Boucher for Congress Committee <hr/> Mailing Address PO Box 2000 <hr/> City Abingdon State VA Zip Code 24212 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Frederick C. Boucher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 09 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 21F89250F203D9F97C5 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Butterfield for Congress</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name G. K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D45D72EDF41EFA7D0F4</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Charlie Dent for Congress</p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EFC49A05AFE8E3FD2F</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: CF724F8546599B6287B</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>7000.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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) Doc PAC <hr/> Mailing Address 264 N. Lumpkin Street, #202 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Doc PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 00990389D373E04AA94 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts <hr/> Mailing Address PO Box 775 <hr/> City Unionville State PA Zip Code 19375 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Joseph R. Pitts <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 2A72C41DEB232E7AE0F Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Friends of John Boehner <hr/> Mailing Address 7908 Cincinnati Dayton Road Suite I <hr/> City West Chester State OH Zip Code 45069 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John A. Boehner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: A5BA2F8D2BBB99DDA3F Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution

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 Rosa DeLauro <hr/> Mailing Address 12 Trumbull Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Rosa L. DeLauro <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 03	Transaction ID: 0751258564851E96AB8 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Gillibrand for Senate <hr/> Mailing Address 236 Massachusetts Ave Suite 110 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kirsten E. Gillibrand <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 7598525EA55D2892360 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address PO Box U <hr/> City Marietta State GA Zip Code 30060 <hr/> Purpose of Disbursement 2010 General Candidate Name John Phillip Gingrey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	Transaction ID: 2CDA57AFEE54F5C7E69 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Hoosiers for Hill</p> <p>Mailing Address PO Box 1071</p> <p>City Seymour State IN Zip Code 47274</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Baron P. Hill</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 09</p>	<p>Transaction ID: 60E07E6588D0BBD443A</p> <p>Date of Disbursement 05 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p>B. Full Name (Last, First, Middle Initial) Hoyer for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 05</p>	<p>Transaction ID: 386FFC8168694453376</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <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 2010 Contribution</p> <p>Candidate Name Leadership of Today and Tomorrow</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: E045190162B5B9FF2D4</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <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

<p>A. Full Name (Last, First, Middle Initial) Levin for Congress</p> <p>Mailing Address PO Box 37</p> <p>City Roseville State MI Zip Code 48066</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Sander M. Levin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A2329AE28169BDCB764</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Mary Bono Mack Committee</p> <p>Mailing Address PO Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 22710BD12D54C6A92DE</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Matheson for Congress</p> <p>Mailing Address PO Box 521048</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Jim Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 15C1634FB6CDDEA6FA7</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</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 McIntyre for Congress <hr/> Mailing Address PO Box 1 <hr/> City Lumberton State NC Zip Code 28359 <hr/> Purpose of Disbursement 2010 General Candidate Name Mike McIntyre <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7734C21A24E2A86FBDC Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General Candidate Name Nancy Pelosi <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2D61E176C3F8BFD8C8A Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) PAC To the Future <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name PAC To the Future <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 7C8C1F232112FD681A3 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

11500.00

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

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

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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

A. Full Name (Last, First, Middle Initial) People for Enterprise Trade and Economic Growth (PETE PAC) Mailing Address 7804 Evening Lane City Alexandria State VA Zip Code 22306 Purpose of Disbursement 2010 Contribution Candidate Name People for Enterprise Trade and Economic Growth (PETE PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 538CF9D020369968095 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee Mailing Address PO Box 8331 City Fremont State CA Zip Code 94537 Purpose of Disbursement 2010 Primary Candidate Name Fortney H. Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13	Transaction ID: 505066FB56DD7CB54B6 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee Mailing Address PO Box 8331 City Fremont State CA Zip Code 94537 Purpose of Disbursement 2010 General Candidate Name Fortney H. Pete Stark Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 13	Transaction ID: 2525092E6D166DBF158 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00 Category/Type 011

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)

PAGE 39 / 43

<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) Peters for Congress <hr/> Mailing Address PO Box 226 <hr/> City Bloomfield Hills State MI Zip Code 48303 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Gary C. Peters <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 09	Transaction ID: 25F0D1B769C775F80CD Date of Disbursement 05 / 26 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Richard Burr Committee, The <hr/> Mailing Address Post Office Box 5928 <hr/> City Winston-Salem State NC Zip Code 27113 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Richard M. Burr <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Transaction ID: 31D69DDFF614851A306 Date of Disbursement 05 / 04 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Rob Andrews U.S. House Committee <hr/> Mailing Address 215 Fourth Avenue Suite 200 <hr/> City Haddon Heights State NJ Zip Code 07076 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Robert E. Andrews <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 01	Transaction ID: 45BED5DA5DCE61158D6 Date of Disbursement 05 / 25 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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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) Rogers for Congress <hr/> Mailing Address PO Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 09DA7D5CCDFF44F5422 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Ryan for Congress <hr/> Mailing Address PO Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7E7EF4D2E1E27395906 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 607 14th Street, N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 9773938BBD84376DCB4 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

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

<p>A. Full Name (Last, First, Middle Initial) Tidewater PAC</p> <p>Mailing Address 499 S Capitol St SW Suite 404</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Tidewater PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 04106AEE8694FFD7A6F</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Tom Rooney for Congress</p> <p>Mailing Address 2336 S. East Ocean Blvd. #313</p> <p>City Stuart State FL Zip Code 34996</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Thomas Joseph Rooney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: F81A64C213CB4BF8359</p> <p>Date of Disbursement 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A91A5D09A0E841DEBA6</p> <p>Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

<p>A. Full Name (Last, First, Middle Initial) Volunteers for Shimkus</p> <p>Mailing Address PO Box 661</p> <p>City Collinsville State IL Zip Code 62234</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 19</p>	<p>Transaction ID: 01FD6EC91EA7CC367E7</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Walter Herger, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 02</p>	<p>Transaction ID: C179F69F7D2298D7C48</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Whitfield for Congress Committee</p> <p>Mailing Address PO Box 391</p> <p>City Hopkinsville State KY Zip Code 42241</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Edward Whitfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KY District: 01</p>	<p>Transaction ID: 361B625ED915B203CE6</p> <p>Date of Disbursement 05 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

A.

Full Name (Last, First, Middle Initial)

Zack Space for Congress Committee

Mailing Address 726 Sixteenth Street NE

City State Zip Code
Massillon OH 44646

Purpose of Disbursement
2010 Primary

Candidate Name
Zachary T. Space

Office Sought: House
 Senate
 President

State: OH District: 18

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 70A3E78C2E8193472D7

Date of Disbursement

05 / 04 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

95000.00