

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 02 01 2008 through 02 29 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 03 20 2008

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

Table with 8 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		268897.92
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	290882.21									
(c) Total Receipts (from Line 19) .....	51730.21	81934.52								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	342612.42	350832.44								
7. Total Disbursements (from Line 31) .....	126673.83	134893.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	215938.59	215938.59								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	35571.00	60322.00
(i) Itemized (use Schedule A) .....	15760.33	20355.66
(ii) Unitemized .....	51331.33	80677.66
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	51331.33	80677.66
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	398.88	1256.86
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)) .....	51730.21	81934.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51730.21	81934.52

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	673.83	1393.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	673.83	1393.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	126000.00	133500.00
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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	126673.83	134893.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	126673.83	134893.85

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	51331.33	80677.66
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51331.33	80677.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	673.83	1393.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	398.88	1256.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	274.95	136.99

# 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 6 / 47
	<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	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard P. Abben		Date of Receipt MM / DD / YYYY 02 / 15 / 2008		
	Mailing Address 225 Dunn Street		<b>Transaction ID:</b> ebada476bbb2488181f8		
	City Houma	State LA	Zip Code 70360-4413	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Cardiovascular Inst. of the South	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jonathan Abrams		Date of Receipt MM / DD / YYYY 02 / 25 / 2008		
	Mailing Address 705 Morningside Drive Northeast 1 University of New Mexico		<b>Transaction ID:</b> fa0442c614434c62947a		
	City Albuquerque	State NM	Zip Code 87131-0001	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Univ of New Mexico Schl of MedcnDiv of	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Anwar Ahmad		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 1801 S Florey Avenue		<b>Transaction ID:</b> 23f05281b8ae4e718649		
	City Mount Pleasant	State TX	Zip Code 77236-6728	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jay H. Alexander		Date of Receipt MM / DD / YYYY 02 / 29 / 2008		
	Mailing Address 2256 Carlyle Court		Transaction ID: 99b3c5be1cc5d18aa0c		
	City Buffalo Grove	State IL	Zip Code 60015-1857	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer North Shore Cardiologists, SC	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Walter M. Allison		Date of Receipt MM / DD / YYYY 02 / 15 / 2008		
	Mailing Address 3453 Gladstone Lane		Transaction ID: 0962cdf9ebd0477186b4		
	City Amarillo	State TX	Zip Code 79121-1525	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard A. Ansinelli		Date of Receipt MM / DD / YYYY 02 / 26 / 2008		
	Mailing Address 301 Turnberry Point		Transaction ID: c175092524ae48a5bbb0		
	City Barboursville	State WV	Zip Code 41101-2868	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cumberland Cardiology	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<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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American College of Cardiology Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter T. Ashline	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 175 Mary Street	<b>Transaction ID:</b> cc3d215aca57469eb2c1
	City State Zip Code Boone NC 28607-5025	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Sanger Clinic, P.A. ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) C. Noel Bairey Merz	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 16664 Cumbre Verde Court 444 S San Vicente Boulevard Suite	<b>Transaction ID:</b> 212609727126468d99f4
	City State Zip Code Pacific Palisades CA 90048-4174	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Cedars-Sinai Medical Center/Women's Hea PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) C. Noel Bairey Merz	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 16664 Cumbre Verde Court 444 S San Vicente Boulevard Suite	<b>Transaction ID:</b> e0fc55041b1a4e77b070
	City State Zip Code Pacific Palisades CA 90048-4174	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Cedars-Sinai Medical Center/Women's Hea PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Alfred A. Bove	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 110 Anton Road 3401 N Broad Street	<b>Transaction ID:</b> e428c4bce7324a39b68b
	City Wynnewood State PA Zip Code 19140-4105	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Temple University Hospital Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell F. Burns	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 7303 Deann Circle	<b>Transaction ID:</b> 052cf3b87d9d4976974e
	City Amarillo State TX Zip Code 79121-1806	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Amarillo Diagnostic Clinic Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael P. Cinquegrani	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 14755 Ridgemoor Drive	<b>Transaction ID:</b> 0d486462cd4f482ca270
	City Elm Grove State WI Zip Code 53226-3522	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Medical College of WisconsinCardiology Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date <input type="checkbox"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 47  
(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)  
Marc C. Cohen

Mailing Address 1445 Huntingdon Road

City State Zip Code  
Abington PA 19001-2103

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2008

Transaction ID: c7687f0c153546aab6a2

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter F. Cohn

Mailing Address 27 Bouton Road  
Tower 17, Room 020

City State Zip Code  
Huntington NY 11794-0001

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

Name of Employer State University of New YorkHealth Sci Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: 17bc35af9ef04f479c7e

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
David W. Cundey

Mailing Address 30 Holley Lake Circle

City State Zip Code  
Aiken SC 29801-6840

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

Name of Employer Aiken Cardiovascular Associates Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2008

Transaction ID: a319f0944512473eadc1

Amount of Each Receipt this Period  
250.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Candido F. Diaz-Cruz	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 3661 S Miami Avenue Suite 407	<b>Transaction ID:</b> 97db4edcda41431790c5
	City State Zip Code Miami FL 33133-4230	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Howard J. Eisen	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Mail Stop 1012 245 N 15th Street	<b>Transaction ID:</b> 7197411514024bbfb2a0
	City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Drexel University College of Medicine 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>C.</b>	Full Name (Last, First, Middle Initial) Juan M. Esnard	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 2064 Vineville Avenue	<b>Transaction ID:</b> 8e879b8c13b64743b92f
	City State Zip Code Macon GA 31204-3140	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> 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 / 47  
(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)  
Allan Garfield

Mailing Address 652 Petaluma Avenue Suite E

City State Zip Code  
Sebastopol CA 95472-4266

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: 00f5ce8e2d354f419107

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Frank J. Green

Mailing Address 10590 N Meridian Street

City State Zip Code  
Indianapolis IN 46290-1028

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

Name of Employer The Care Group Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2008

Transaction ID: e3a819c9f3c44d718508

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sudhir K. Gupta

Mailing Address 4 Jarrot Drive

City State Zip Code  
Shawnee OK 74804-0007

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

Transaction ID: 35c1ddad74614bd09119

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James J. Heger	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 3235 N Washington Road	<b>Transaction ID:</b> 60b6766705f546d89421
	City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 500.00
	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>B.</b>	Full Name (Last, First, Middle Initial) Mark R. Heitzman	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address RR 1, 570 Cummings Road	<b>Transaction ID:</b> 47d04e64409d4194b1e1
	City State Zip Code Barre VT 05641-9805	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jerome L. Hines	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 11 Salt Creek Lane #2	<b>Transaction ID:</b> 960534ba52794d2483d8
	City State Zip Code Hinsdale IL 60521-2902	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> 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 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
Yoganand J. Hiremath

Mailing Address 857 Inverness Circle

City State Zip Code  
Spartanburg SC 29306-6680

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2008

Transaction ID: 3ae6f619158c4a418fcd

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David R. Holmes

Mailing Address 1122 21st Street, Northeast

City State Zip Code  
Rochester MN 55905-0001

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

Name of Employer Mayo Clinic Occupation  
ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

Transaction ID: 5498358d262b43eab8df

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael B. Honan

Mailing Address 4329 Corinth Drive

City State Zip Code  
Birmingham AL 35209-6807

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

Name of Employer CardioVascular Associates Occupation  
ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
02 / 12 / 2008

Transaction ID: 19c8367a5c564f859b91

Amount of Each Receipt this Period  
500.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47  
(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)  
Ann-Ming A. Hsieh

Mailing Address 1077 Green Bay Road

City State Zip Code  
Glencoe IL 60022-1262

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2008

**Transaction ID:** b20e72ca5b174d27becd

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Oscar R. Jenkins

Mailing Address 122 Braeside Circle  
5 Vanderbilt Park Drive

City State Zip Code  
Asheville NC 28802-7239

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

Name of Employer Asheville Cardiology Associates Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** 07833e58e5364ffa790

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ancil A. Jones

Mailing Address 321 N Swarthmore Avenue  
Suite 224 Prof Off Building North

City State Zip Code  
Swarthmore PA 19013

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

Name of Employer Cardiology Consultants of Philadelphia Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 15 / 2008

**Transaction ID:** 81d44222073c4690b827

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harold L. Karpman	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 1812 Angelo Drive 414 N Camden Drive #1100	<b>Transaction ID:</b> 019aeeade28c478b9301
	City State Zip Code Beverly Hills CA 90210-4517	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Cardiovascular Medical Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David L. Keedy	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 2621 Lyter Court	<b>Transaction ID:</b> d2a940d7ddb4fe8944e
	City State Zip Code Lexington KY 40513-1462	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin J. Kelly	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 4405 Old Mill Road	<b>Transaction ID:</b> 0806b60c21e343198fd8
	City State Zip Code Fort Wayne IN 46807-2551	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Shahabuddin Khan	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 7619 Victory Gallup Street	<b>Transaction ID:</b> 4773d865f6494fb1ba18
	City State Zip Code Las Vegas NV 89131-4125	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Nevada Heart & Vascular Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jay H. Kleiman	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 1875 S James Court North	<b>Transaction ID:</b> 94287f9d61f14fa489dc
	City State Zip Code Lake Forest IL 60045-4624	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Austin H. Kutscher	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 21 N Main Street	<b>Transaction ID:</b> 2a90af05e0f74e3eb46c
	City State Zip Code Flemington NJ 08822-1156	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hunterdon Cardiovascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jack Lewin		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 2400 N Street, Northwest		<b>Transaction ID:</b> f30b3b910d2143fc979c		
	City Washington	State DC	Zip Code 20037-1153	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Kathleen E. Magness		Date of Receipt MM / DD / YYYY 02 / 15 / 2008		
	Mailing Address 3014 Hollow Road		<b>Transaction ID:</b> 52eca9817ff942eaa001		
	City Malvern	State PA	Zip Code 19355-8660	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Clinical Care Associates/ PMA Medical		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Walter E. Mashman		Date of Receipt MM / DD / YYYY 02 / 12 / 2008		
	Mailing Address 926 Lullwater Road		<b>Transaction ID:</b> e8c8fad085314b0d8f31		
	City Atlanta	State GA	Zip Code 30309-1711	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiac Disease Specialis- ts		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> 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 19 / 47  
(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)  
Viral Y. Mehta

Mailing Address 5945 Truxtun Extension

City Bakersfield State CA Zip Code 93309-0610

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

Name of Employer Comprehensive Crdvsclr Med-cl Grp Occupation ADULT CARDIOLOGY

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

Date of Receipt 02 / 25 / 2008  
Transaction ID: ff5d8e0fc10043c991ef  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Albert B. Mercer

Mailing Address 1120 Griffith Avenue

City Owensboro State KY Zip Code 42303-3222

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

Name of Employer Green River Heart Institute Occupation ADULT CARDIOLOGY

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

Date of Receipt 02 / 19 / 2008  
Transaction ID: d399010b34f24971ae56  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Lawrence G. Narun

Mailing Address 9 Atwater Road

City Chadds Ford State PA Zip Code 19317-9111

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

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

Date of Receipt 02 / 15 / 2008  
Transaction ID: f3014e6d3a9f44d6b674  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 47

(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)  
Claude T. Nesser

Mailing Address 15 Timberlane Drive

City State Zip Code  
Hammond LA 70403-1478

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

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

Transaction ID: 03ae10cce7d24dd88b70

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mehul P. Patel

Mailing Address 102 A Gardbertown Road

City State Zip Code  
Newburgh NY 12550-1702

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

Name of Employer Occupation  
Hudson Valley Cardiologis- INTERVENTIONAL CARDIOLOGY  
t, PC

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

Date of Receipt

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

Transaction ID: 64ce394a26ed44e18ff2

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Umesh A. Patel

Mailing Address 64040 Highway 434  
Suite 200

City State Zip Code  
Lacombe LA 70445-3456

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

Name of Employer Occupation  
Heart & Vacular Clinic 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  
0 2 / 2 5 / 2 0 0 8

Transaction ID: 665f9f138fa846b1a7b7

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carl J. Pepine	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 6308 Southwest 37th Way Box 100277	<b>Transaction ID:</b> 771052ba1880490b9a19
	City Gainesville State FL Zip Code 32610-3003	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University of Florida College of Medicine Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ross C. Peterson	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 5906 Stonebridge Drive	<b>Transaction ID:</b> 87cf51b7c8c445249b73
	City Erie State PA Zip Code 16502-2667	Amount of Each Receipt this Period 251.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Consultants in Cardiovascular Diseases Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 251.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joel M. Phares	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 820 Egret Cove	<b>Transaction ID:</b> 4d2c9ab3ef57404cb5ca
	City Biloxi State MS Zip Code 37064-1183	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation INVASIVE CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1751.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 47  
(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) Charles W. Phillips		Date of Receipt MM / DD / YYYY 02 / 15 / 2008
Mailing Address 104 Williamson Court 5875 Breomo Road Suite 501		Transaction ID: 3a700850977f45d782e9
City Richmond	State VA Zip Code 23226	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Virginia Cardiovascular Specialist	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Marshall F. Priest		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
Mailing Address 300 E Jefferson Street Suite 201		Transaction ID: d7eb26dd72194338ac60
City Boise	State ID Zip Code 83712-6261	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Idaho Cardiology Associates	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Paolo Raggi		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
Mailing Address 1365 Clifton Road Northeast Suite		Transaction ID: 1334b09d118e452093e0
City Atlanta	State GA Zip Code 30303	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Emory University School of Medicine	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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 / 47  
(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 Ramos		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
Mailing Address 1100 Forrest Avenue 540 South Governors Avenue		<b>Transaction ID:</b> 6200dad45efb4da7852b
City Dover	State DE	
Zip Code 19904-3530		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Office Building	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) Anuradha V. Rao		Date of Receipt MM / DD / YYYY 02 / 11 / 2008
Mailing Address 1280 Columbiana Road Suite 100		<b>Transaction ID:</b> 85b05e5d0d2b4251a4d2
City Birmingham	State AL	
Zip Code 35216-1642		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer CardioVascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Bruce A. Raymond		Date of Receipt MM / DD / YYYY 02 / 25 / 2008
Mailing Address 218 Salem Drive		<b>Transaction ID:</b> 9026be3a19ed42529bc3
City Upper St. Clair	State PA	
Zip Code 15241-2226		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation CARDIOVASC. SURG.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> 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 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Sterling S. Reese	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 145 Hospital Avenue #113	<b>Transaction ID:</b> 34db4cba4f2f49869985
	City State Zip Code Du Bois PA 15801-1463	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Du Bois Regional Cardiology Associates 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>B.</b>	Full Name (Last, First, Middle Initial) Gary M. Rich	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 736 South Mobile Street	<b>Transaction ID:</b> 6fceb56a9504afea952
	City State Zip Code Fairhope AL 70121-2429	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Ochsner Medical Center Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) William B. Ricks	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 17480 High Street	<b>Transaction ID:</b> 88767a7d020d42dc9831
	City State Zip Code Los Gatos CA 95030-6200	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Self-Employed Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1075.00</b>
<b>TOTAL</b> 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 / 47  
(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)  
George P. Rodgers

Mailing Address 2441 Westlake Drive

City Austin State TX Zip Code 78759-3542

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

Name of Employer Biophysical Corporation Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 25 / 2008

Transaction ID: 69de58eb50f04599ac1a

Amount of Each Receipt this Period 250.00

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

Mailing Address 2441 Westlake Drive

City Austin State TX Zip Code 78759-3542

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

Name of Employer Biophysical Corporation Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 29 / 2008

Transaction ID: 45379a85f69ce87d699a

Amount of Each Receipt this Period 85.00

**C.** Full Name (Last, First, Middle Initial)  
Tracey Roth

Mailing Address 2053 Mission Drive

City Naples State FL Zip Code 34109-7108

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

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2008

Transaction ID: 4d04b4a56d2e44a8839c

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 585.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 47

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Barry R. Rudin

Mailing Address 4 Tower Drive

City State Zip Code  
Fort Lee NJ 07024-6936

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

Name of Employer Self-Employed Occupation  
Self-Employed 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  
0 2 / 1 5 / 2 0 0 8

Transaction ID: a1cebec7757c4a62b82e

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Harvey N. Sacks

Mailing Address 4 Ascot Manor

City State Zip Code  
Atlanta GA 30309

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

Name of Employer Self-Employed Occupation  
Self-Employed 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  
0 2 / 1 9 / 2 0 0 8

Transaction ID: 553541d2db1b4656801a

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mark L. Sanz

Mailing Address 3122 Martinwood Road

City State Zip Code  
Missoula MT 59802-4015

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

Name of Employer Self-Employed Occupation  
International Heart Institute of Montana INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

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

Transaction ID: 9230f8aaf8ef4917a173

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 47  
(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 E. Schleinkofer

Mailing Address 1819 Carew Street

City State Zip Code  
Fort Wayne IN 46805-4705

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

Name of Employer: Fort Wayne Cardiology Corporation  
Occupation: ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 25 / 2008  
Transaction ID: 07e40332ccb84342b3ad  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Douglas E. Schreck

Mailing Address 13723 Weddington Street

City State Zip Code  
Van Nuys CA 91401-5825

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

Name of Employer: Self-Employed  
Occupation: ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 26 / 2008  
Transaction ID: 574bd4897bd143388342  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Leonard J. Scuderi

Mailing Address 23441 Madison Street Suite 215

City State Zip Code  
Torrance CA 90505-4756

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

Name of Employer: Self-Employed  
Occupation: ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 15 / 2008  
Transaction ID: 482f89a249a943668194  
Amount of Each Receipt this Period: 250.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 47  
(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)  
John E. Seibel

Mailing Address PO Box 1544

City Grenada State MS Zip Code 38902-1544

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2008

**Transaction ID:** 1007b611bce54071a883

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Salvatore J. Serpe

Mailing Address 373 Broadway

City Amityville State NY Zip Code 11701-2707

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

Name of Employer Self-Employed Occupation INTERNAL MED.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 11 / 2008

**Transaction ID:** 1fc0673319a546689d0a

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Jacob Shani

Mailing Address 4802 10th Avenue

City Brooklyn State NY Zip Code 11219-2916

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

Name of Employer Maimonides Medical Center- Attention: lv Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2008

**Transaction ID:** b39c31cb4f014b5e8fee

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 47  
(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)  
Stanley J. Shin

Mailing Address 368 Northside Dr. E

City Statesboro State GA Zip Code 30458-4839

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

Name of Employer Statesboro Cardiology, P.-C. Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 25 / 2008  
Transaction ID: 9c7306b6114c4e64b193  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Hullukunte Shivaprasad

Mailing Address 1046 Enid Drive

City Wheelersburg State OH Zip Code 45694-9370

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 11 / 2008  
Transaction ID: 548bdb850a33467ab1b5  
Amount of Each Receipt this Period: 500.00

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

Mailing Address 1135 N Kenilworth

City Oak Park State IL Zip Code 60302-1215

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

Name of Employer Cardiovascular Consultants South Subur Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 11 / 2008  
Transaction ID: 911d0a023b00478cb0ea  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 47  
(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)  
Patrick J. Simpson

Mailing Address PO Box 5098

City Pinehurst State NC Zip Code 28374-8749

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

Name of Employer Pinehurst Medical Clinic Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 11 / 2008  
Transaction ID: 7d9e6c2f28084c4b8252  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Alfred W. Stanley

Mailing Address 4401 Fredericksburg Drive

City Birmingham State AL Zip Code 35213-1819

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 12 / 2008  
Transaction ID: aaf6bc785fb246b38a25  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph E. Steinmetz

Mailing Address 1210 Alderly Road

City Indianapolis State IN Zip Code 46260-1623

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 12 / 2008  
Transaction ID: fdfdc1adf83a453cb4cb  
Amount of Each Receipt this Period: 1000.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 47  
(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)  
Robert J. Stuppy

Mailing Address 831 Rustic Ridge

City State Zip Code  
Joplin MO 64804-4573

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** 07d870e63cee43a3a2ac

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald N. Summers

Mailing Address 8 Pine Drive

City State Zip Code  
Port Washington NY 11050-3404

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 0 8

**Transaction ID:** 1b58f21ec3734ae183a8

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Saroj Tom Tampira

Mailing Address 5607 Emerson Pointe Way

City State Zip Code  
Orlando FL 32819-4055

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

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

**Transaction ID:** cdef7eb8c77f43ac9e59

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 47  
(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) Howard T. Tee		Date of Receipt MM / DD / YYYY 02 / 26 / 2008
Mailing Address 105 Waterway Lane		<b>Transaction ID:</b> ae3a6f7fb2de4eac867f
City Vero Beach	State FL	Zip Code 32963-3879
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Ganpat G. Thakker		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
Mailing Address 3100 Maccorkle Avenue Suite 902		<b>Transaction ID:</b> e26275565fbe4583abf5
City Charleston	State WV	Zip Code 25304-1234
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Advanced Cardio-Vascular Services, PLL	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) William P. Tinker		Date of Receipt MM / DD / YYYY 02 / 12 / 2008
Mailing Address 2101 Mars Court		<b>Transaction ID:</b> 5e45652d2f124f0d8e8f
City Bartlesville	State OK	Zip Code 74006-2441
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2000.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 47

(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)  
Cristina Tita

Mailing Address 39408 Jasmine Circle

City State Zip Code  
Northville MI 48168-3900

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

Name of Employer Occupation  
Henry Ford Hospital ADULT CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 6 / 2 0 0 8

Transaction ID: c598134db4f84f1a8753

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas Tselikis

Mailing Address 9900 Glenrock Drive

City State Zip Code  
Las Vegas NV 89134-6717

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

Name of Employer Occupation  
Heart Center of Nevada ADULT CARDIOLOGY

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

Date of Receipt

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

Transaction ID: a605a28b8435481db180

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ernesto Umana

Mailing Address 1238 Skip Wells Court

City State Zip Code  
Tallahassee FL 32308-4646

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

Name of Employer Occupation  
Southern Medical Group ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

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

Transaction ID: 76639aaa793a496ba8dc

Amount of Each Receipt this Period  
360.00

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

860.00

**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 34 / 47
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ronald H. Underwood	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 7777 Forest Lane, Suite A-202	<b>Transaction ID:</b> e49bbf2b475f420f97f8
	City State Zip Code Dallas TX 75230-2522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CSANT	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Harvey J. White	Date of Receipt MM / DD / YYYY 02 / 26 / 2008
	Mailing Address 1020 El Pueblo Northwest	<b>Transaction ID:</b> 420ff73b6e824c8eb792
	City State Zip Code Albuquerque NM 87102-2512	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer New Mexico Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles W. Wickliffe	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 275 Collier Road Northwest 300	<b>Transaction ID:</b> f67c4151e6064d7e8c5e
	City State Zip Code Atlanta GA 30309-1711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 35 / 47  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Rohan L. Wijetilaka		Date of Receipt MM / DD / YYYY 02 / 12 / 2008	
Mailing Address #3 Grist Mill Lane		Transaction ID: 11d76cf3088f48d1b382	
City Saddle River	State NJ	Zip Code 07458-1316	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

**B.**

Full Name (Last, First, Middle Initial) Douglas A. Wolfe		Date of Receipt MM / DD / YYYY 02 / 25 / 2008	
Mailing Address 201 Stonington Drive		Transaction ID: 259e5ebedfa44bf1a3ee	
City Brandon	State MS	Zip Code 39202-1687	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Associates	Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	35571.00

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

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

FOR LINE NUMBER: PAGE 36 / 47  
(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)  
American College of Cardiology - Admin Account  
 Mailing Address P.O. Box 85024  
 City Richmond State VA Zip Code 23285-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1256.86  
 Date of Receipt 02 / 15 / 2008  
**Transaction ID:** 31747-39751833677292  
 Amount of Each Receipt this Period 50.06  
 Reimburse for Jan. Amex Fees

**B.** Full Name (Last, First, Middle Initial)  
American College of Cardiology - Admin Account  
 Mailing Address P.O. Box 85024  
 City Richmond State VA Zip Code 23285-5024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1256.86  
 Date of Receipt 02 / 15 / 2008  
**Transaction ID:** 31747-35607546567917  
 Amount of Each Receipt this Period 348.82  
 Reimburse for Feb. Bank/M-erch. Fees

**SUBTOTAL** of Receipts This Page (optional) ..... ► **398.88**  
**TOTAL** This Period (last page this line number only) ..... ► **398.88**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement February 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: V85184-5731775164604 Date of Disbursement 02 / 29 / 2008
	Amount of Each Disbursement this Period 325.01
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Merchant Services Mailing Address 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement February 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: M31006-9554864764213 Date of Disbursement 02 / 04 / 2008
	Amount of Each Disbursement this Period 41.80
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) SunTrust Merchant Services Mailing Address PO Box 6600 City Hagerstown State MD Zip Code 21741 Purpose of Disbursement February 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: V85184-8838006854057 Date of Disbursement 02 / 11 / 2008
	Amount of Each Disbursement this Period 270.97
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	637.78
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: M31006-5486871600151

Date of Disbursement

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

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

36.05
-------

Purpose of Disbursement  
February Merchant Fees

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

36.05

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

673.83

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Ben Cardin for Senate Mailing Address PO Box 21093 City Catonsville State MD Zip Code 21228 Purpose of Disbursement Contribution - 2012 Primary Candidate Name Benjamin Cardin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 72579-8193780779838 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00	Category/ Type 011

<b>B.</b> Full Name (Last, First, Middle Initial) BLUE DOG POLITICAL ACTION COMMITTEE Mailing Address 6849 Old Dominion Drive Suite 222 City McLean State VA Zip Code 22101 Purpose of Disbursement 2008 Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 44833-9473993182182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 South Capitol Street, SE 2nd Floor City Washington State DC Zip Code 20003 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 72579-7317773699760 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 15000.00	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	22500.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 72579-2530633807182
	Mailing Address 120 Maryland Avenue NE	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 15000.00
	Purpose of Disbursement Contribution Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Doggett for Us Congress	Transaction ID: 72579-5002710223197
	Mailing Address 1157 San Bernard	Date of Disbursement MM / DD / YYYY 02 / 26 / 2008
	City Austin State TX Zip Code 78702	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contribution - Primary Candidate Name Lloyd Doggett	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 25	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Gayle Harrell	Transaction ID: 23072-7627221941948
	Mailing Address 1885 N.W. Eagle Point	Date of Disbursement MM / DD / YYYY 02 / 13 / 2008
	City Stuart State FL Zip Code 34994	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2008 Primary Candidate Name Gayle Harrell	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	22500.00
<b>TOTAL</b> 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 Jay Rockefeller	Transaction ID: 72579-9874994158744
	Mailing Address PO Box 1909	Date of Disbursement 02 / 26 / 2008
	City Charleston State WV Zip Code 25327	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution - General	011 Category/Type
	Candidate Name John Rockefeller	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of John Boehner	Transaction ID: 88771-9979822039604
	Mailing Address 7908-12 Cincinnati Dayton Road	Date of Disbursement 02 / 15 / 2008
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contribution - Primary	011 Category/Type
	Candidate Name John Boehner	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Rahm Emanuel	Transaction ID: 72579-2769433856010
	Mailing Address PO Box 101124	Date of Disbursement 02 / 26 / 2008
	City Chicago State IL Zip Code 60610	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - General	011 Category/Type
	Candidate Name Rahm Emanuel	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

11000.00

**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 42 / 47

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Glacier Pac <hr/> Mailing Address 236 Massachusetts Avenue, NE Suite 603 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 2008 Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 44833-4713708758354 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress <hr/> Mailing Address 200 North Main St. PO Box 712 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement Contribution - Primary Candidate Name Stephen Buyer <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 72579-7823449969291 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress Committee <hr/> Mailing Address 607 14th Street N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Contribution - General Candidate Name John Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 88771-2324182391166 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc	Transaction ID: 88771-0059930682182
	Mailing Address Post Office Box 470840	Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	City Tulsa State OK Zip Code 74147	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - Primary	011 Category/ Type
	Candidate Name John Sullivan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Matheson for Congress	Transaction ID: 44833-9820825457573
	Mailing Address PO Box 521048	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City Salt Lake City State UT Zip Code 84152	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement 2008 General	011 Category/ Type
	Candidate Name Jim Matheson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NATIONAL LEADERSHIP PAC	Transaction ID: 44833-9943200945854
	Mailing Address PO Box 5577	Date of Disbursement MM / DD / YYYY 02 / 07 / 2008
	City New York State NY Zip Code 10027	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement 2008 Contribution	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	8500.00
<b>TOTAL</b> 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) National Republican Congressional Committee	Transaction ID: 82092-4441491961479 Date of Disbursement
	Mailing Address 320 First Street SE	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2008 Contribution Candidate Name	<input type="text" value="15000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type

B.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 72579-3474695086479 Date of Disbursement
	Mailing Address 425 Second Street NE	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Candidate Name	<input type="text" value="15000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type

C.	Full Name (Last, First, Middle Initial) Shore Pac	Transaction ID: 72579-9476129412651 Date of Disbursement
	Mailing Address PO Box 3157	<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2008"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution - Leadership PAC Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="text" value="011"/> Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="35000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee</p> <p>Mailing Address PO Box 11586</p> <p>City Washington State DC Zip Code 20008</p> <p>Purpose of Disbursement 2008 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 44833-6983148455619</p> <p>Date of Disbursement 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address PO Box 40158</p> <p>City Denver State CO Zip Code 80204</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Mark Udall</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 44833-4039575457572</p> <p>Date of Disbursement 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Voice for Freedom</p> <p>Mailing Address 2814 Spring Road Ste. 103</p> <p>City Atlanta State GA Zip Code 30339</p> <p>Purpose of Disbursement Contribution - Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 72579-9751092791557</p> <p>Date of Disbursement 02 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

12500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wynn for Congress

Mailing Address PO Box 39139

City Washington State DC Zip Code 20016

Purpose of Disbursement  
2008 General

Candidate Name  
Albert Wynn

Office Sought:  House  
 Senate  
 President

State: MD District: 04

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 44833-0726739764213

Date of Disbursement

02 / 07 / 2008

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

126000.00

Image# 28930827422

Form/Schedule: **F3X**

Transaction ID:

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