

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 07 01 2010 through 07 31 2010

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

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 08 18 2010

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

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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	148717.02									
(c) Total Receipts (from Line 19) .....	21012.48	310348.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	169729.50	520898.88								
7. Total Disbursements (from Line 31) .....	16964.66	368134.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	152764.84	152764.84								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	17698.94	250124.32
(ii) Unitemized .....	2872.50	52041.77
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	20571.44	302166.09
(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) .....	20571.44	302166.09
12. Transfers From Affiliated/Other Party Committees .....	0.00	1445.93
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	441.04	6736.90
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)) .....	21012.48	310348.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21012.48	310348.92

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	464.66	8168.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	464.66	8168.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	359500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	465.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	465.05
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16964.66	368134.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16964.66	368134.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	20571.44	302166.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20571.44	301701.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	464.66	8168.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	441.04	6736.90
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23.62	1432.09

# 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 / 35
	<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) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2256 Carlyle Court	<b>Transaction ID:</b> 418580AE4D965BCE671F
	City State Zip Code Buffalo Grove IL 60089-4695	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
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 ▼ 1400.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 425 McKean Drive	<b>Transaction ID:</b> 4CECA3273EDE82133B2E
	City State Zip Code Wexford PA 15090-7327	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Pittsburgh Medical Centre	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Rolando C. Ascarrunz, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 06 / 2010
	Mailing Address 13438 Northshore Drive	<b>Transaction ID:</b> 4DCE9CAC482B844FE3DB
	City State Zip Code Montgomery TX 77356-5339	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Valley Baptist Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 212.94	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>313.76</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 7 / 35
	<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) Christopher L. Baldi, D.O., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 37 Oxford Way	<b>Transaction ID:</b> 20100802-7-11-28
	City State Zip Code Wilmington DE 19807-2578	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>B.</b>	Full Name (Last, First, Middle Initial) Timothy M. Bateman, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 3410 West 89th Street	<b>Transaction ID:</b> 4501BF1297BDA9F6684F
	City State Zip Code Leawood KS 66206-1629	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cardiovascular Consultants, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric R. Bates, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 840 Cherrystone Ct	<b>Transaction ID:</b> 44D7BE36D0F3C01700DA
	City State Zip Code Ann Arbor MI 48105-3038	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Michigan Hospitals and H	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>634.00</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 8 / 35  
(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)  
Willie W. Bell, M.D., F.A.  
Mailing Address 1108 Bimini Road

City State Zip Code  
Jacksonville FL 32216-3218

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St. Vincent's Medical Center 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	7	/	3	0	/	2	0	1	0

**Transaction ID:** 20100802-1-11-28  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Jo Bertsch, M.D., F.A.  
Mailing Address 600 North McClurg Court, #4404A

City State Zip Code  
Chicago IL 60611-4854

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	7	/	3	0	/	2	0	1	0

**Transaction ID:** 20100802-31-11-28  
 Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen Blake, M.D., F.A.  
Mailing Address 13320 Panorama Loop Northeast

City State Zip Code  
Albuquerque NM 87123-2184

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
New Mexico Heart Institute ELECTROPHYSIOLOGY

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	1	0

**Transaction ID:** 20100802-17-11-28  
 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 9 / 35
	<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) Ralph G. Brindis, M.D., M.P.	Date of Receipt MM / DD / YYYY 07 / 02 / 2010
	Mailing Address 1410 Monterey Boulevard	<b>Transaction ID:</b> 4FF7A870E8E40E7B880A
	City State Zip Code San Francisco CA 94127-2554	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Oakland Kaiser Medical Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan S. Brown, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 1912 Alta Vista Court	<b>Transaction ID:</b> 4ECEA0C84616F609E632
	City State Zip Code Naperville IL 60563-1815	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Midwest Heart Specialists-Edward Heart	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Charles L. Brown, III, M.D.,	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 95 Collier Rd NW Ste 2045	<b>Transaction ID:</b> C05104BE89161C9136C
	City State Zip Code Atlanta GA 30309-1723	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cardiology of Georgia, P.-C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>450.00</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 / 35  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Court

City State Zip Code  
Fairview PA 16415-3246

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

Name of Employer Occupation  
St. Vincent Health Center ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2010

**Transaction ID:** 4E2EA681F567FCA782D1

Amount of Each Receipt this Period  
84.00

**B.**

Full Name (Last, First, Middle Initial)  
John E. Cebe, M.D., F.A.

Mailing Address 707 McDaniel Avenue

City State Zip Code  
Greenville SC 29605-2831

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

Name of Employer Occupation  
Upstate Cardiology, P.A. ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 20100802-8-11-28

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Breamar Drive

City State Zip Code  
Fort Wayne IN 46814-9364

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

Name of Employer Occupation  
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 4FFFA9250CFA1E5E71A3

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.00**

**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 / 35
	<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) David J. Clardy, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 801 Broadway N	<b>Transaction ID:</b> 49E29CB2EB436D8AFC3F
	City State Zip Code Fargo ND 58102-3641	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Meritcare Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bernard A. Clark, III, M.D.,	Date of Receipt MM / DD / YYYY 07 / 29 / 2010
	Mailing Address 95 Johnny Cake Lane	<b>Transaction ID:</b> 49F8A52F285C27963FE6
	City State Zip Code Glastonbury CT 06033-2545	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Christopher R. Cole, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 2222 N Nevada Ave Ste 4007	<b>Transaction ID:</b> 16DEE5CEBC7C5F36595
	City State Zip Code Colorado Springs CO 80907-6863	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 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) .....	<b>384.00</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 12 / 35  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lianna S. Collinge, B.S.	Date of Receipt MM / DD / YYYY 07 / 25 / 2010
	Mailing Address 4014 88th Avenue Northwest	<b>Transaction ID:</b> 4D56AED1CDDD1881BB41
	City State Zip Code Gig Harbor WA 98335-6157	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Washington Chapter of the ACC	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.02	
<b>B.</b>	Full Name (Last, First, Middle Initial) Daniel P. Conroy, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 122 Heller Way	<b>Transaction ID:</b> 46CCB6E2D81C64D3E90E
	City State Zip Code Montclair NJ 07043-2512	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
<b>C.</b>	Full Name (Last, First, Middle Initial) James B. Craven, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 105 Anna Lee Drive	<b>Transaction ID:</b> 20100802-2-11-28
	City State Zip Code Dothan AL 36303-1924	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 ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1183.34</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 13 / 35

(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)  
Gary Dykstra, D.O., F.A.

Mailing Address 3110 North Road

City State Zip Code  
Bartlesville OK 74006-4706

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) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: 20100802-26-11-28

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 1458 Avellino Circle

City State Zip Code  
Murfreesboro TN 37130-7608

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y  
07 / 25 / 2010

Transaction ID: 4599AB459189E9065677

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Kevin Fitzpatrick

Mailing Address 2400 N St NW  
Heart House

City State Zip Code  
Washington DC 20037-1153

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

Name of Employer Occupation  
American College of Cardiology ADMINISTRATION

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 588.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 12 / 2010

Transaction ID: 4FC19CEA5AF1D4010B79

Amount of Each Receipt this Period  
84.00

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

1167.33

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

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

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

FOR LINE NUMBER: PAGE 14 / 35  
(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)  
Michael F. Gilson, M.D., F.A.  
 Mailing Address 100 Prospect Street  
 City State Zip Code  
 Providence RI 02906  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 03 / 2010  
**Transaction ID:** 46B0A538AAEBBF900189  
 Amount of Each Receipt this Period  
 100.00  
 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) ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen M. Ginn, M.D., F.A.  
 Mailing Address 591 Longwood Dr  
 City State Zip Code  
 Fayetteville NC 28314-2553  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2010  
**Transaction ID:** CA2676E045176A35B75  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Cape Fear Card. Assocs., P.A. ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Alfredo A. Gonzalez, M.D., F.A.  
 Mailing Address 218 Catalpa Place  
 City State Zip Code  
 Wilmette IL 60091-3302  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2010  
**Transaction ID:** 20100802-32-11-28  
 Amount of Each Receipt this Period  
 165.00  
 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) ▼ 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 765.00  
**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 / 35  
(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)  
Brian W. Gross, M.D., F.A.

Mailing Address 226 Valley View Dr

City State Zip Code  
Medford OR 97504-6974

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

Name of Employer  
Heart Clinic of Southern Oregon and No

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 13 / 2010

Transaction ID: 8D7A91A64A25961352D

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 4 Jarrot Drive

City State Zip Code  
Shawnee OK 74801-7565

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  
07 / 30 / 2010

Transaction ID: 20100802-22-11-28

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert E. Hobbs, M.D., F.A.

Mailing Address 2713 Dryden Road

City State Zip Code  
Beachwood OH 44122-2701

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

Name of Employer  
Cleveland Clinic

Occupation  
HEART FAILURE/TRANSPLANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.04

Date of Receipt  
MM / DD / YYYY  
07 / 25 / 2010

Transaction ID: 4BA29AD2866B911ED533

Amount of Each Receipt this Period  
83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 35
	<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) David R. Holmes, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 13 / 2010
	Mailing Address 1122 21st St NE	<b>Transaction ID:</b> 4FFE8DC3E0E65FA3891
	City State Zip Code Rochester MN 55906-4059	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Mayo Clinic	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dennis L. Inorvati, D.O., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2303 English Ivy Court	<b>Transaction ID:</b> 20100802-27-11-28
	City State Zip Code Smyrna GA 30080-6797	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) C. David Joffe, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 7067 Meeker Commons	<b>Transaction ID:</b> 49B28B148D930D114186
	City State Zip Code Dayton OH 45414-2065	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 446.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>417.34</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 17 / 35

(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 G. Kenerson, M.D., F.A.

Mailing Address 1501 McCullough Lane

City State Zip Code  
Virginia Beach VA 23454-1620

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  
07 / 26 / 2010

Transaction ID: 49C8C98251EBEE90234

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph M. Kiernan, III, M.D.,

Mailing Address 201 Ridgewood Court

City State Zip Code  
Vienna VA 22180-3571

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

Name of Employer Occupation  
The Cardiovascular Group, PC 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  
07 / 30 / 2010

Transaction ID: 20100802-6-11-28

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
George P. Kinzfolg, III, M.D.,

Mailing Address 33 Lettery Circle

City State Zip Code  
Sudbury MA 01776-7400

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.15

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2010

Transaction ID: 40D586333ECA86A1C7E1

Amount of Each Receipt this Period  
20.83

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

520.83

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 35
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
Paul A. Kirschbaum, M.D., F.A.

Mailing Address 2001 Grand Prix Dr NE

City Atlanta State GA Zip Code 30345-3931

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

Name of Employer Atlanta Heart Group Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 13 / 2010  
**Transaction ID:** 9CC17D384F6813939FB  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Fred M. Krainin, M.D., F.A.

Mailing Address 3817 Cherrywood Road

City Florence State SC Zip Code 29501-9209

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

Name of Employer Pee Dee Cardiology Associates Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2010  
**Transaction ID:** 20100802-34-11-28  
Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Avenue

City Owensboro State KY Zip Code 42301-2812

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

Name of Employer Green River Heart Institute Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 25 / 2010  
**Transaction ID:** 4E84B2DC56E0FC3B48F4  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 2005 Prestwick Lane	<b>Transaction ID:</b> 43D7B3F0581BAED96F93
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Fort Wayne Cardiology Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	
<b>B.</b>	Full Name (Last, First, Middle Initial) Mark T. Murphy, M.D., B.Ch	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 5109 Nicholas Creek Circle	<b>Transaction ID:</b> 20100802-36-11-28
	City State Zip Code Wilmington NC 28409	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) Paul J. O'Brien, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 4660 Kenmore Avenue Suite 800	<b>Transaction ID:</b> 48D5B7A14EE96C8B9C4D
	City State Zip Code Alexandria VA 22304-1300	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Virginia Cardiology, P.C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 588.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>434.00</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 20 / 35  
(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)  
Peter K. O'Brien, M.D., F.A.  
Mailing Address 105 Lambeth Court

City Lynchburg State VA Zip Code 24503-2148

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

Name of Employer Cardiovascular Associates of Central V Occupation ADULT CARDIOLOGY

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

Date of Receipt 07 / 30 / 2010  
Transaction ID: 20100802-9-11-28  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
William H. Pentz, M.D., F.A.  
Mailing Address 20 Rebel Road

City Radnor State PA Zip Code 19087-2809

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

Name of Employer Pennsylvania Cardiology Associates Occupation ADULT CARDIOLOGY

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

Date of Receipt 07 / 26 / 2010  
Transaction ID: C094ED956CFFA830585  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Neal S. Perlmutter, M.D., F.A.  
Mailing Address 1820 9th St. W

City Kirkland State WA Zip Code 98033-4837

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 ▼ 208.35

Date of Receipt 07 / 19 / 2010  
Transaction ID: 468C83EA29A4858FB961  
Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 791.67

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

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

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

FOR LINE NUMBER: PAGE 21 / 35

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Court

City

Manalapan

State

NJ

Zip Code

07726-4628

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Shore Heart Group

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

291.62

Date of Receipt

MM / DD / YYYY  
07 / 06 / 2010

Transaction ID: 4627BBCF35D770785318

Amount of Each Receipt this Period

41.66

**B.**

Full Name (Last, First, Middle Initial)

Arthur H. Popkave, II, M.D.,

Mailing Address 1000 Coventry Drive

City

Phillipsburg

State

NJ

Zip Code

08865-1980

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Two Rivers Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
07 / 02 / 2010

Transaction ID: F35A461E-1BE2-4126-

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

George Rodriguez-Paz, M.D., F.A.

Mailing Address 7421 N University Drive Suite 112

City

Tamarac

State

FL

Zip Code

33321-2952

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  
07 / 30 / 2010

Transaction ID: 20100802-23-11-28

Amount of Each Receipt this Period

250.00

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

541.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 35
	<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) David A. Rosenbaum, M.D., F.A.		Date of Receipt MM / DD / YYYY 07 / 08 / 2010		
	Mailing Address 2835 Halley's Court		<b>Transaction ID:</b> 404EB3781729FC78ED10		
	City Colorado Springs	State CO	Zip Code 80906-1067	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pikes Peak Cardiology	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.65			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert M. Rothbart, M.D., F.A.		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 1906 Falmouth Drive		<b>Transaction ID:</b> 20100802-3-11-28		
	City Greensboro	State NC	Zip Code 27410-2165	Amount of Each Receipt this Period 300.00	
	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 ▼ 300.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Florence G. Rothenberg, M.D., F.A.		Date of Receipt MM / DD / YYYY 07 / 25 / 2010		
	Mailing Address 222 Reily Road		<b>Transaction ID:</b> 4C47A3EA4333FEA81CF3		
	City Cincinnati	State OH	Zip Code 45215-2620	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University of Cincinnati	Occupation CARDIOVASCULAR RESEARCH			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	467.33
<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 23 / 35
	<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) John S. Rumsfeld, M.D., Ph.D	Date of Receipt MM / DD / YYYY 07 / 25 / 2010
	Mailing Address Cardiology (111B) 1055 Clermont Street	<b>Transaction ID:</b> 42D6BBA03B644EFC8321
	City State Zip Code Denver CO 80220-3808	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Denver VA Medical Center / University Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 583.31	

<b>B.</b>	Full Name (Last, First, Middle Initial) Salem Sayar, M.D.	Date of Receipt MM / DD / YYYY 07 / 30 / 2010
	Mailing Address 28058 Ashland Avenue	<b>Transaction ID:</b> 20100802-29-11-28
	City State Zip Code Harrison Township MI 48045-2238	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 ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael K. Schroyer, RN	Date of Receipt MM / DD / YYYY 07 / 19 / 2010
	Mailing Address 10580 Meridan Street	<b>Transaction ID:</b> 4136ACC01BDCA8EFC0FE
	City State Zip Code Indianapolis IN 46290-1028	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Saint Vincent Heart Center of Indiana Occupation ADMINISTRATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1166.67</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 24 / 35

(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)

A. Allen Seals, M.D., F.A.

Mailing Address 113 Teal Pointe Lane

City State Zip Code  
Ponte Vedra Beach FL 32082-1936

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

Name of Employer Occupation  
Baker & Gilmour Crdvsclr ADULT CARDIOLOGY  
Institute

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: 20100802-33-11-28

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael J. Severino, M.D., F.A.

Mailing Address 1732 Fargo Boulevard  
Suite 100

City State Zip Code  
Geneva IL 60134-2973

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

Name of Employer Occupation  
Kane Cardiology, SC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 588.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 19 / 2010

Transaction ID: 454E92A37CD7269D4695

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Ahmad B. Shahbandar, M.D., F.A.

Mailing Address 656 Springview Drive

City State Zip Code  
Rochester MI 48307-6071

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

Name of Employer Occupation  
Cardiovascular Consultants ADULT CARDIOLOGY  
P.C.

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2010

Transaction ID: 20100802-4-11-28

Amount of Each Receipt this Period

250.00

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

1834.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 35  
(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 W. Shuck, M.D., F.A.  
Mailing Address 1100 Forrest Avenue

City State Zip Code  
Dover DE 19904-3309

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

Name of Employer: Cardiology Consultants Occupation: ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt: 07 / 25 / 2010  
Transaction ID: 47E880E80A8DDB7F4D7E  
Amount of Each Receipt this Period: 84.00

**B.** Full Name (Last, First, Middle Initial)  
M. Theodore Silver, M.D., F.A.  
Mailing Address 697 Lebanon Road

City State Zip Code  
Winterport ME 04496-4023

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

Name of Employer: Northeast Cardiology Associates Occupation: ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt: 07 / 19 / 2010  
Transaction ID: 4CD7BE10A4BE6F0762CC  
Amount of Each Receipt this Period: 84.00

**C.** Full Name (Last, First, Middle Initial)  
Narendra Singh, M.D., F.A.  
Mailing Address 6350 Haddington Lane

City State Zip Code  
Johns Creek GA 30024

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

Name of Employer: Atlanta Heart Specialists Occupation: ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt: 07 / 09 / 2010  
Transaction ID: 429781981991B2A3EC22  
Amount of Each Receipt this Period: 41.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 209.66

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

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

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

FOR LINE NUMBER: PAGE 26 / 35  
(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)  
Richard W. Snyder, M.D., F.A.  
Mailing Address 5514 Yolanda

City State Zip Code  
Dallas TX 75229-6440

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

Name of Employer Heart Place Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 07 / 05 / 2010  
Transaction ID: 4201A58478650ACF31B1  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mark R. Sorensen, M.D., F.A.  
Mailing Address 211 S Main Street #205

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

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

Name of Employer Cape Shore Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 583.31

Date of Receipt: 07 / 09 / 2010  
Transaction ID: 4430A8BF609D8A3131A4  
Amount of Each Receipt this Period: 83.33

**C.** Full Name (Last, First, Middle Initial)  
Ira M. Stone, M.D., F.A.  
Mailing Address 3310 SW 34th St

City State Zip Code  
Ocala FL 34474-7422

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

Name of Employer Central Florida Heart Center Occupation ADULT CARDIOLOGY

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

Date of Receipt: 07 / 13 / 2010  
Transaction ID: F1613AC96EA69038DDA  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 583.33

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 35  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas D. Stuckey, M.D., F.A.

Mailing Address 110 Meadowbrook Terrace

City Greensboro State NC Zip Code 27408

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

Name of Employer LeBauer Cardiovasc. Res. Found. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 25 / 2010  
Transaction ID: 4EEF1DFF-E180-4418-  
Amount of Each Receipt this Period 250.00

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

Mailing Address 7620 Old Georgetown Road, Apt. 121

City Bethesda State MD Zip Code 20814-6182

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1041.70

Date of Receipt 07 / 19 / 2010  
Transaction ID: 446C9C0268E87D51FEC3  
Amount of Each Receipt this Period 208.34

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

Mailing Address 1487 Langhorne Road

City Lynchburg State VA Zip Code 24503-2515

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 416.70

Date of Receipt 07 / 19 / 2010  
Transaction ID: 4BF989DDC13EE2C87AE2  
Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 541.68

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 35  
(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)  
Krishnaswami Vijayaraghavan, M.B.B.S.,  
Mailing Address 2817 E Ludlow Drive

City State Zip Code  
Phoenix AZ 85032-5665

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) ▼ 588.00

Date of Receipt  
MM / DD / YYYY  
07 / 19 / 2010

**Transaction ID:** 41BFBE141A2235CF6C51

Amount of Each Receipt this Period  
84.00

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

City State Zip Code  
Nashville TN 37215-4123

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

Name of Employer Occupation  
Saint Thomas Health Services INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

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

**Transaction ID:** 4B0B8182C54C60D8AA7D

Amount of Each Receipt this Period  
500.00

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

City State Zip Code  
Indianapolis IN 46260-4905

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2010

**Transaction ID:** 4074A2EF3F59DC34ACC5

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 684.00

**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 / 35  
(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. Wickliffe, M.D., F.A.

Mailing Address 275 Collier Rd NW  
Ste 500

City Atlanta State GA Zip Code 30309-1711

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: 07 / 13 / 2010  
**Transaction ID: 1A9C8A0FFC883B97E5C**  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Carletta Williams, RN

Mailing Address 522 Maxwell Avenue

City Steubenville State OH Zip Code 43952-2518

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

Name of Employer Weirton Medical Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 19 / 2010  
**Transaction ID: 482FBB7459B2F2CF993C**  
Amount of Each Receipt this Period: 42.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Highway Suite 530

City Atlanta State GA Zip Code 30328-4287

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 19 / 2010  
**Transaction ID: 4E34AD306CE54A6B7B33**  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 492.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 35  
(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)  
Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Pacific Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2010

**Transaction ID:** 440BA7759692EBEFABA0

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue

City State Zip Code  
Los Angeles CA 90049

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

Name of Employer Pacific Heart Institute Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

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

**Transaction ID:** 535EA9F2-FFC5-4995-

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ricardo A. Yaryura, M.D., F.A.

Mailing Address 8106 Waterview Boulevard

City State Zip Code  
Bradenton FL 34202-2261

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

Name of Employer Intercoastal Medical Group, Inc. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2010

**Transaction ID:** 20100802-39-11-28

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) ..... ► 17698.94

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

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

FOR LINE NUMBER: PAGE 31 / 35  
(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 State Zip Code  
Richmond VA 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6736.90

Date of Receipt  
 M M / D D / Y Y Y Y  
 07 / 14 / 2010

Transaction ID: F195A5820F86F35DC13

Amount of Each Receipt this Period  
441.04

Reimburse. for June Amex  
and July Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	441.04
<b>TOTAL</b> This Period (last page this line number only) .....	▶	441.04

**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 <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement July Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> V55F0177CF7234590E05 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 94.12
	<input type="text" value="001"/> Category/Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement July Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> M78AD2BB8672C5F964E0 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 370.54
	<input type="text" value="001"/> Category/Type
	State: District:

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

**464.66**

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

**464.66**

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Barnett for Congress</p> <p>Mailing Address PO Box 1937</p> <p>City Emporia State KS Zip Code 66801</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James A. Barnett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: KS District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DF1FC9F74A6324EFC38</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Diane Black for Congress</p> <p>Mailing Address 819 Plantation Blvd</p> <p>City Gallatin State TN Zip Code 37066</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Diane Black</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9F227C508879DF2CD6A</p> <p>Date of Disbursement 07 / 29 / 2010</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) Dold for Congress</p> <p>Mailing Address PO Box 8145</p> <p>City Northfield State IL Zip Code 60093</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Robert James Dold, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> DA2DA7F641019C85415</p> <p>Date of Disbursement 07 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address PO Box 50100 <hr/> City Springfield State MO Zip Code 65805 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Roy D. Blunt <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D0EC0741AD2F84D918F Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 70A15F92D83B92AEC2E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Paul Broun Committee <hr/> Mailing Address PO Box 1512 <hr/> City Athens State GA Zip Code 30601 <hr/> Purpose of Disbursement 2010 General Candidate Name Paul C. Broun, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 7E8D0C24DD7822E1D65 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

6500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Raj Goyle for Congress, Inc.

Mailing Address PO Box 780971

City State Zip Code  
Wichita KS 67278

Purpose of Disbursement  
2010 Primary

Candidate Name  
Raj Goyle

Office Sought:  House  
 Senate  
 President

State: KS District: 04

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: 973C1C80A0F9646C2D9

Date of Disbursement

07 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

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

2500.00

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

16500.00