

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Carlton G. Davids [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>	<input type="text" value="66368.13"/>	<input type="text" value="66368.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="90988.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37457.95"/>	<input type="text" value="447684.55"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="128446.15"/>	<input type="text" value="514052.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8558.56"/>	<input type="text" value="394165.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="119887.59"/>	<input type="text" value="119887.59"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

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).....	30479.96	362254.39
(ii) Unitemized.....	6046.66	70933.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	36526.62	433187.42
(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)..... ▶	36526.62	433187.42
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).....	931.33	14497.13
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	37457.95	447684.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	37457.95	447684.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1058.56	14550.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1058.56	14550.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	376500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3115.00
(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	3115.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8558.56	394165.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8558.56	394165.09

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	36526.62	433187.42
34. Total Contribution Refunds (from Line 28(d))	0.00	3115.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36526.62	430072.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1058.56	14550.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	931.33	14497.13
38. Net Operating Expenditures (subtract Line 37 from Line 36)	127.23	52.96

**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 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Jay H. Alexander M.D., F.A.		Date of Receipt 11 / 19 / 2011 Transaction ID : 4C60AD0CFD7D0DD8C0D
Mailing Address 2256 Carlyle Ct		Amount of Each Receipt this Period 200.00
City Buffalo Grove	State IL	Zip Code 60089-4695
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 ▼ 3700.00	

Full Name (Last, First, Middle Initial) B. Brad G. Angeja M.D., F.A.		Date of Receipt 11 / 11 / 2011 Transaction ID : 49579D51C540F498A6C0
Mailing Address 865 44th Ave		Amount of Each Receipt this Period 20.83
City San Francisco	State CA	Zip Code 94121-3307
FEC ID number of contributing federal political committee. C		
Name of Employer Palo Alto Medical Foundation	Occupation NON-INVASIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

Full Name (Last, First, Middle Initial) C. Juan M. Aranda Jr., M.D.,		Date of Receipt 11 / 13 / 2011 Transaction ID : 4E32B5E4C6B61FD60A8C
Mailing Address 356 Turkey Crk		Amount of Each Receipt this Period 180.00
City Alachua	State FL	Zip Code 32615-9367
FEC ID number of contributing federal political committee. C		
Name of Employer Shands at the University of Florida	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.83
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 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Philip Bates Bailey M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 8728CEBA3E577D5A547
Mailing Address 1243 Broadrick Dr		Amount of Each Receipt this Period 250.00
City Dalton	State GA	Zip Code 30720-2800
FEC ID number of contributing federal political committee. C		
Name of Employer Dalton Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Seth H. Baker D.O., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2011 Transaction ID : 39ACAA40-E246-40FA-
Mailing Address 787 37th St Ste E140		Amount of Each Receipt this Period 500.00
City Vero Beach	State FL	Zip Code 32960-7314
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	

Full Name (Last, First, Middle Initial) C. Kathleen Blake M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2011 Transaction ID : 4C97840CFBCB6A2EA491
Mailing Address 15 Charles Plz Apt 1402		Amount of Each Receipt this Period 83.33
City Baltimore	State MD	Zip Code 21201-3941
FEC ID number of contributing federal political committee. C		
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 ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	833.33
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 8 OF 42
(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. Michael J. Boland M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 129 Willow Pointe Dr
 City Columbus State MS Zip Code 39705-2094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus Cardiovascular Care, PLLC Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2011
Transaction ID : B902C2FFCA5CAC7709
 Amount of Each Receipt this Period 1000.00

B. Chester M. Boltwood Jr., M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Stonebrook Dr
 City Modesto State CA Zip Code 95355-4573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Permanente Med Office Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 08 / 2011
Transaction ID : E5DFF2D1EF6827AF87A
 Amount of Each Receipt this Period 365.00

C. Ralph G. Brindis M.D., M.P.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 Monterey Blvd
 City San Francisco State CA Zip Code 94127-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kaiser Foundation Hospital Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 08 / 2011
Transaction ID : 4F95BBE30844507725B4
 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1465.00
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 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alan S. Brown M.D., F.A.		Date of Receipt 11 / 30 / 2011 Transaction ID : 4A9480777600FF5AED85
Mailing Address 1912 Alta Vista Ct		Amount of Each Receipt this Period 100.00
City Naperville	State IL	Zip Code 60563-1815
FEC ID number of contributing federal political committee. C		
Name of Employer Midwest Heart SpecialistsEdward Heart	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) B. Juan J. Cabanero M.D., F.A.		Date of Receipt 11 / 08 / 2011 Transaction ID : DB614DA6DB890B7BED7
Mailing Address 4503 Stone Post Ct		Amount of Each Receipt this Period 375.00
City Seneca	State SC	Zip Code 29678-1655
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 ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Joseph G. Cacchione M.D., F.A.		Date of Receipt 11 / 08 / 2011 Transaction ID : 4D12BFC16FF0F472F669
Mailing Address 5740 Hickory Knoll Ct		Amount of Each Receipt this Period 111.12
City Fairview	State PA	Zip Code 16415-3246
FEC ID number of contributing federal political committee. C		
Name of Employer St. Vincent Health Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1361.84	

SUBTOTAL of Receipts This Page (optional).....▶	586.12
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<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. Robert M. Campbell M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2835 Brandywine Rd
 Ste 300
 City Atlanta State GA Zip Code 30341-5540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Sibley Heart Center Cardiology Emory U Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 29 / 2011**
Transaction ID : 65A03AC8EDEF11D7B0
 Amount of Each Receipt this Period **500.00**

B. Eric B. Carlson M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 4606 Whitby Pl
 City Greensboro State NC Zip Code 27406-8600
 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 **500.00**

Date of Receipt **11 / 15 / 2011**
Transaction ID : 7D0A3B688165CAC5C5F
 Amount of Each Receipt this Period **500.00**

C. Peter J. Chaille M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 427 Chestnut Forest Cv
 City Fort Wayne State IN Zip Code 46814-8926
 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 **249.96**

Date of Receipt **11 / 03 / 2011**
Transaction ID : 4D9E95B9B73EE5DF9E63
 Amount of Each Receipt this Period **41.66**

SUBTOTAL of Receipts This Page (optional)..... **1041.66**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Yzhar Charuzi M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : A5A90F0A6D2D11A5125
Mailing Address 8635 W 3rd St Ste 355W		Amount of Each Receipt this Period 250.00
City Los Angeles	State CA	Zip Code 90048-6112
FEC ID number of contributing federal political committee. C		
Name of Employer Cedars-Sinai Med. Towers	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Hollace D. Chastain II, M.D.,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : 4ED09DB8434B76E7A940
Mailing Address 1819 Braemar Dr		Amount of Each Receipt this Period 100.00
City Fort Wayne	State IN	Zip Code 46814-9364
FEC ID number of contributing federal political committee. C		
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) C. Joonun Choi M.D.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : 10514C56-F5B3-4790-
Mailing Address 80 Mill River St Ste 1300		Amount of Each Receipt this Period 250.00
City Stamford	State CT	Zip Code 06902-3733
FEC ID number of contributing federal political committee. C		
Name of Employer The Heart Physicians	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 12 OF 42
(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. Bernard A. Clark III, M.D.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 95 Johnny Cake Ln
 City Glastonbury State CT Zip Code 06033-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer St. Francis Hospital and Medical Cente Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt 11 / 29 / 2011
Transaction ID : 412EB3AB4927436D8F91
 Amount of Each Receipt this Period 500.00

B. Arthur W. Colbourn M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Haywood Rd
 City Wilmington State DE Zip Code 19807-1114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 385800E43BC9B25A0EC
 Amount of Each Receipt this Period 250.00

C. James L. Comazzi M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 900 Greenley Rd Ste 911
 City Sonora State CA Zip Code 95370-5287
 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 11 / 04 / 2011
Transaction ID : 2814398C-5770-4953-
 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional).....▶ 800.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stephen L. Cook M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 11 / 10 / 2011 Transaction ID : BDFD5224-920B-497F-
Mailing Address 3311 Riverbend Dr Ste 300		Amount of Each Receipt this Period 500.00
City Springfield	State Zip Code OR 97477-8800	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Oregon Cardiology P.C.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. James B. Craven Jr., M.D.,		Date of Receipt M M / D D / Y Y Y Y Y 11 / 30 / 2011 Transaction ID : DC004919C5B35A83518
Mailing Address 105 Anna Lee Dr		Amount of Each Receipt this Period 1000.00
City Dothan	State Zip Code AL 36303-1924	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. George H. Crossley III, M.D.,		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2011 Transaction ID : 4CE38041BA7879C21CCB
Mailing Address 276 Stratton Pl		Amount of Each Receipt this Period 250.00
City Brentwood	State Zip Code TN 37027-4228	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 2500.00
Name of Employer St. Thomas Heart	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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 14 OF 42
	<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. Dino T. Damalas
Full Name (Last, First, Middle Initial)
Mailing Address 4904 Springbrook Dr
City Annandale State VA Zip Code 22003-3937
FEC ID number of contributing federal political committee. **C**
Name of Employer American College of Cardiology Occupation OTHER SPECIALTY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 583.38

Date of Receipt 11 / 23 / 2011
Transaction ID : 430EA101C9BCCE9767D9
Amount of Each Receipt this Period 83.34

B. Ira M. Dauber M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 9933 E Berry Dr
City Greenwood Village State CO Zip Code 80111-3703
FEC ID number of contributing federal political committee. **C**
Name of Employer South Denver Cardiology Associates Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2011
Transaction ID : 83FEE90BB103CA257FD
Amount of Each Receipt this Period 1000.00

C. Joshua B. Donner M.D., F.A.
Full Name (Last, First, Middle Initial)
Mailing Address 514 Cooper Dr SE
City Rome State GA Zip Code 30161-6012
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation PEDIATRIC CARD.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2011
Transaction ID : D301CB43D84EF538938
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.34
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 15 OF 42
	<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. Blair D. Erb Jr., M.D.,
Full Name (Last, First, Middle Initial)

Mailing Address 905 Highland Blvd
Ste 4330

City Bozeman State MT Zip Code 59715-6901

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1220.00

Date of Receipt
11 / 08 / 2011
Transaction ID : 44A5891782A12287F519

Amount of Each Receipt this Period
90.00

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

Mailing Address 130 Ashlei Ln

City Searcy State AR Zip Code 72143-3024

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

Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
11 / 09 / 2011
Transaction ID : 4436B0EBB5AEEEE6195AC

Amount of Each Receipt this Period
100.00

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

Mailing Address 1458 Avellino Cir

City Murfreesboro State TN Zip Code 37130-7608

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
916.63

Date of Receipt
11 / 25 / 2011
Transaction ID : 408B846AC0F121C63A81

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 273.33

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 16 OF 42
(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

Full Name (Last, First, Middle Initial)
A. James W. Fasules M.D., F.A.
 Mailing Address 2718 Stephenson Ln NW
 City Washington State DC Zip Code 20015-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1257.34

Date of Receipt 11 / 05 / 2011
Transaction ID : 4C88AFB26726F7D85825
 Amount of Each Receipt this Period 84.00

Full Name (Last, First, Middle Initial)
B. James W. Fasules M.D., F.A.
 Mailing Address 2718 Stephenson Ln NW
 City Washington State DC Zip Code 20015-1504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1257.34

Date of Receipt 11 / 19 / 2011
Transaction ID : 40158368166A7D41B606
 Amount of Each Receipt this Period 83.34

Full Name (Last, First, Middle Initial)
C. Kevin Fitzpatrick PA-C
 Mailing Address 2400 N St NW
 Heart House
 City Washington State DC Zip Code 20037-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 25 / 2011
Transaction ID : 48B1A0BA29F06B5A4867
 Amount of Each Receipt this Period 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.67
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 17 OF 42
(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. J. Kenneth Ford M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 846 Oakland Church Rd
 City Calvert City State KY Zip Code 42029-9177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : 03EF85B9ADD5BDB9513
 Amount of Each Receipt this Period
 250.00

B. Charles Ernest Fuenzalida M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 S Potomac St Ste 300
 City Aurora State CO Zip Code 80012-4510
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Aurora Denver Cardiology Associates PL CLINICAL CARDIOLOGY/GENERAL CARDIOI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : ACD76C32A34D4B3FAB8
 Amount of Each Receipt this Period
 1000.00

C. Gordon L. Fung M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1600 Divisadero St # 1609
 City San Francisco State CA Zip Code 94115-3010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UCSF Medical Center at Mt. Zion ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 916.63

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2011
Transaction ID : 4F55B7A208A71A58184B
 Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.33
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 42
(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

Full Name (Last, First, Middle Initial)
A. Cathy Gates

Mailing Address 17500 Ashton Forest Ter

City State Zip Code
 Sandy Spring MD 20860-3009

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

Name of Employer Occupation
 American College of Cardiology Chief People Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011

Transaction ID : 40E2AEEAB76FF539DEED

Amount of Each Receipt this Period
 200.00

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

Mailing Address 100 Prospect St

City State Zip Code
 Providence RI 02906-1446

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

Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011

Transaction ID : 435DA0A5584D5540679F

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Fredric Ginsberg M.D., F.A.

Mailing Address 1 Cooper Plz
 FI 3

City State Zip Code
 Camden NJ 08103-1461

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

Name of Employer Occupation
 Cooper University Cardiology ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 27 / 2011

Transaction ID : 2897BD07-2EDF-4B0A-

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pascal J. Goldschmidt-Clermont M.D., F.A.			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011
Mailing Address 1600 NW 10th Ave			Transaction ID : AABA34711488950894B
City Miami	State FL	Zip Code 33136-1015	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer University of Miami - Division of CME	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Shelley A. Hall M.D., F.A.			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011
Mailing Address 5514 Yolanda Ln			Transaction ID : E866B56040668EE12A3
City Dallas	State TX	Zip Code 75229-6440	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Heart Place	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Robert E. Hobbs M.D., F.A.			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2011
Mailing Address 2713 Dryden Rd			Transaction ID : 4EF8A99989964807BB90
City Shaker Heights	State OH	Zip Code 44122-2701	Amount of Each Receipt this Period 229.17
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.85		

SUBTOTAL of Receipts This Page (optional).....▶	979.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. David R. Holmes Jr., M.D.,
Full Name (Last, First, Middle Initial)

Mailing Address 1122 21st St NE

City Rochester State MN Zip Code 55906-4059

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 ▼ 416.70

Date of Receipt 11 / 19 / 2011
Transaction ID : 47F0986E95836AAF1ED9

Amount of Each Receipt this Period 83.34

B. Ronald P. Karlsberg M.D., F.A.
Full Name (Last, First, Middle Initial)

Mailing Address 414 N Camden Dr Ste 110

City Beverly Hills State CA Zip Code 90210-4532

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 11 / 15 / 2011
Transaction ID : A5B64D825F3E198F2EC

Amount of Each Receipt this Period 1000.00

c. John Joseph Kelly III, M.D.,
Full Name (Last, First, Middle Initial)

Mailing Address 1 Centurian Dr Ste 200

City Newark State DE Zip Code 19713-2150

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

Name of Employer ABBY Medical Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2011
Transaction ID : 818C8F8C-540E-4F4F-

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1333.34

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 21 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. George P. Kinzfolg III, M.D.,		Date of Receipt
Mailing Address 33 Lettery Cir 99 Lincoln Street		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2011"/>
City Sudbury	State MA	Zip Code 01776-7400
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4AD5978CD653BE5FFD99
Name of Employer Heart Center of MetroWest	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="20.83"/>
	<input type="text" value="229.13"/>	

Full Name (Last, First, Middle Initial) B. Steven E. Kornberg M.D., F.A.		Date of Receipt
Mailing Address 10 E New York Ave Ste 2		<input type="text" value="11"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
City Somers Point	State NJ	Zip Code 08244-2367
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 46E3B20D431B7B595C0F
Name of Employer Shore Heart Consultants, LLC	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.66"/>
	<input type="text" value="458.26"/>	

Full Name (Last, First, Middle Initial) C. Smadar Kort M.D., F.A.		Date of Receipt
Mailing Address 65 Mimosa Dr		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
City Roslyn	State NY	Zip Code 11576-2215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 42688504C86F35E56503
Name of Employer Stony Brook University Medical Center	Occupation ECHOCARDIOGRAPHY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="170.00"/>
	<input type="text" value="830.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="232.49"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 22 OF 42
(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. Peter A. Kringstein M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 190 Council Rock Ave
 City Rochester State NY Zip Code 14610-3335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Cardiovascular AssociatesAt Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 82A57889C61F532E952
 Amount of Each Receipt this Period 400.00

B. Fred M. Kusumoto M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 2396
 City Tijeras State NM Zip Code 87059-2396
 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 ▼ 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 712FC933E6A89EE00AC
 Amount of Each Receipt this Period 500.00

C. William Lee M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Little Britain Rd
 City New Windsor State NY Zip Code 12553-7210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Heart Center Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 11 / 30 / 2011
Transaction ID : C98EB983AA593E98085
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1265.00
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 23 OF 42
	<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. Marino Leonardi M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Pine Tree Rd
 City Wayne State PA Zip Code 19087-3744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed
 Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : CCC63DBC1717F2A7A6D
 Amount of Each Receipt this Period
 250.00

B. Thomas J. Lewandowski M.D. FACC,
 Full Name (Last, First, Middle Initial)
 Mailing Address 113 Limekiln Dr
 City Neenah State WI Zip Code 54956-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Appleton Cardiology Associates
 Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2011
Transaction ID : 4AEAA17AB45C97EEE3DC
 Amount of Each Receipt this Period
 210.00

C. Jack Lewin M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2400 N St NW
 City Washington State DC Zip Code 20037-1153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American College of Cardiology
 Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : 4D4BBFD0DD23858F2F53
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Sandra J. Lewis M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 5342 SW Hewett Blvd
 City Portland State OR Zip Code 97221-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NW Cardiovascular Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **833.40**

Date of Receipt **11 / 08 / 2011**
Transaction ID : 4609B64FC7E5D89DBBBD
 Amount of Each Receipt this Period **83.34**

B. J. Jeffrey Marshall M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 S Enota Dr NE Ste 200
 City Gainesville State GA Zip Code 30501-3466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northeast Georgia Heart Center Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **11 / 30 / 2011**
Transaction ID : 1144466BB33B896170A
 Amount of Each Receipt this Period **300.00**

C. Robert T. Middleton M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 202 N Division St Plaza 2 Suite 201
 City Auburn State WA Zip Code 98001-4939
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Franciscan Heart and Vascular Associat Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 09 / 2011**
Transaction ID : 39376FE5-F397-451E-
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1383.34**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 25 OF 42
(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

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

Mailing Address 787 37th St
 Ste E140

City Vero Beach State FL Zip Code 32960-7314

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 11 / 29 / 2011
Transaction ID : D7EAB65D3A8D6933026

Amount of Each Receipt this Period
 375.00

Full Name (Last, First, Middle Initial)
B. George Hunter Myers M.D., F.A.

Mailing Address 257 Shoals Ferry Rd SE

City Rome State GA Zip Code 30161-9001

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 ▼
 260.00

Date of Receipt
 11 / 30 / 2011
Transaction ID : A32D79785567DB7A305

Amount of Each Receipt this Period
 260.00

Full Name (Last, First, Middle Initial)
C. Stephen A. Noller M.D., F.A.

Mailing Address 770 Pine St
 Ste 480

City Macon State GA Zip Code 31201-7598

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 ▼
 251.00

Date of Receipt
 11 / 29 / 2011
Transaction ID : 27E5D205211996DFBCF

Amount of Each Receipt this Period
 251.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 886.00

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 26 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gary W. Olson M.D., F.A.		Date of Receipt
Mailing Address 1523 Thornebrooke Cir		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Dalton	State GA	Zip Code 30720-3027
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : C98909181189FDF4089
Name of Employer Dalton Cardiology		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Gaetano N. Pastore M.D., F.A.		Date of Receipt
Mailing Address 1 Centurian Dr Ste 200		<input type="text" value="11"/> / <input type="text" value="16"/> / <input type="text" value="2011"/>
City Newark	State DE	Zip Code 19713-2150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 455F93CC-3364-458B-
Name of Employer Cardiology Physicians, P.A.		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Douglas James Pearce M.D., F.A.		Date of Receipt
Mailing Address 1929 Edenbridge Way Ste 330		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Forest Hills	State TN	Zip Code 37215-5807
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 99D2EEFDBE58ABCA2BD
Name of Employer Saint Thomas Health Services		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Neal S. Perlmutter M.D., F.A.		Date of Receipt
Mailing Address 1820 9th St W		<input type="text" value="11"/> / <input type="text" value="08"/> / <input type="text" value="2011"/>
City	State	Zip Code
Kirkland	WA	98033-4837
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4A39AE1A9CC63ABB08CF
Name of Employer	Occupation	Amount of Each Receipt this Period
Self-Employed	ADULT CARDIOLOGY	<input type="text" value="41.67"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.03"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. David J. Pinnelas M.D., F.A.		Date of Receipt
Mailing Address 2 Hopi Ct		<input type="text" value="11"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City	State	Zip Code
Manalapan	NJ	07726-4628
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4BE49F262A3B291E49DD
Name of Employer	Occupation	Amount of Each Receipt this Period
Shore Heart Group	INTERVENTIONAL CARDIOLOGY	<input type="text" value="41.66"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="458.26"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. James B. Powers M.D., F.A.		Date of Receipt
Mailing Address 11 Bowdoin Dr		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
City	State	Zip Code
Falmouth	ME	04105-2557
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 449D9622AD37D3EFE7A0
Name of Employer	Occupation	Amount of Each Receipt this Period
Maine Cardiology Associates	ADULT CARDIOLOGY	<input type="text" value="60.19"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.03"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="143.52"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Scott J. Ratner M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : 4D33393F0C49C9C3F88
Mailing Address 407 Franklin Ave		Amount of Each Receipt this Period 1000.00
City Franklin Square	State NY	Zip Code 11010-1227
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 ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Sheila A. Robinson M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2011 Transaction ID : AA44514A35634E93C3F
Mailing Address 999 Peachtree St NE Ste 850		Amount of Each Receipt this Period 355.00
City Atlanta	State GA	Zip Code 30309-4453
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00	

Full Name (Last, First, Middle Initial) C. Vincent J. B. Robinson M.B.B.S.,		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011 Transaction ID : AD8DC70971E813EF3BF
Mailing Address 3504 Turnberry Ln		Amount of Each Receipt this Period 251.00
City Martinez	State GA	Zip Code 30907-9541
FEC ID number of contributing federal political committee. C		
Name of Employer Georgia Health Sciences University	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 251.00	

SUBTOTAL of Receipts This Page (optional).....▶	1606.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 42
	<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. David A. Rosenbaum M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3625 Cherry Plum Dr
 City Colorado Springs State CO Zip Code 80920-2826
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pikes Peak Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 08 / 2011**
Transaction ID : 4204B565AB1AD9CD9D24
 Amount of Each Receipt this Period **83.33**

B. John S. Rumsfeld M.D., Ph.D
 Full Name (Last, First, Middle Initial)
 Mailing Address 1055 Clermont St Cardiology (111B)
 City Denver State CO Zip Code 80220-3808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Denver VA Medical Center, University o Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 25 / 2011**
Transaction ID : 4D4CB597F1748B0921D8
 Amount of Each Receipt this Period **83.33**

C. Michele P. Sartori M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2102 Rice Blvd
 City Houston State TX Zip Code 77005-1639
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 08 / 2011**
Transaction ID : E4F0C5A4D3D0E2D8F96
 Amount of Each Receipt this Period **750.00**

SUBTOTAL of Receipts This Page (optional)..... **916.66**
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 30 OF 42
<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. Michael K. Schroyer RN, A.A.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9065 Pebblepoint Cir
 City Zionsville State IN Zip Code 46077-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Saint Vincent Heart Center of Indiana Occupation ADMINISTRATION
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 870.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 08 / 2011
Transaction ID : 4176B75FE7054D6A73DC
 Amount of Each Receipt this Period
 88.00

B. Mylappan Selvaraj M.B.B.S.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Winterwood Dr
 600 Medical Arts Building
 City Butler State PA Zip Code 16001-2833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 09A52516A979F57D2D6
 Amount of Each Receipt this Period
 250.00

C. Michael J. Severino M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1732 Fargo Blvd
 Ste 100
 City Geneva State IL Zip Code 60134-2973
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CDPG Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 441.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 12 / 2011
Transaction ID : 4622985286130CDA91CF
 Amount of Each Receipt this Period
 49.00

SUBTOTAL of Receipts This Page (optional).....	387.00
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 31 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Timothy J. Shanahan D.O., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8714 Spur Ln
 City Easton State MD Zip Code 21601-1202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chesapeake Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 04 / 2011
Transaction ID : 448195EE74DE5CE24A07
 Amount of Each Receipt this Period 20.83

B. John W. Shuck M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Forrest Ave
 City Dover State DE Zip Code 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 ▼ 1008.00

Date of Receipt 11 / 16 / 2011
Transaction ID : 4550A73558DC46F7E4BD
 Amount of Each Receipt this Period 84.00

C. Hina Farooq Siddiqui M.B.B.S.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 7815 Oxfordshire Dr
 City Spring State TX Zip Code 77379-4667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Rhythm Associates, PA Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 08 / 2011
Transaction ID : B764C9B8F2AB5BD707C
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	354.83
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 32 OF 42
<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. Narendra Singh M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 6350 Haddington Ln
 City Johns Creek State GA Zip Code 30024-5304
 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 ▼ 458.26

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2011
Transaction ID : 40E78ED7A7C239C875F7
 Amount of Each Receipt this Period
 41.66

B. George M. Soliman M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 422 Eustis Ave SE Attn: Accounts Payable
 City Huntsville State AL Zip Code 35801-4110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Heart Center Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2011
Transaction ID : 4071443131D0D3D6A03
 Amount of Each Receipt this Period
 250.00

C. Michael J. Springer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Cardiologists Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 25 / 2011
Transaction ID : 41AD812FE3EFB4730046
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	333.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 19

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

A. Lars G. Svensson M.B.B.Ch.,
 Full Name (Last, First, Middle Initial)
 Mailing Address 9500 Euclid Ave
 Desk F24
 City Cleveland State OH Zip Code 44195-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cleveland Clinic Foundation Dept of Tho Occupation CARDIOVASC. SURG.
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 11 / 30 / 2011
Transaction ID : 2812AA58D1F20183255
 Amount of Each Receipt this Period 500.00

B. Suma A. Thomas M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 7620 Old Georgetown Rd
 Apt 1214
 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 1666.72

Date of Receipt 11 / 23 / 2011
Transaction ID : 47C79DE2EA2038D8EE9E
 Amount of Each Receipt this Period 208.34

C. Ramakrishna R. Thumati M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1866 N Orange Grove Ave
 Ste 202
 City Pomona State CA Zip Code 91767-3042
 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 365.00

Date of Receipt 11 / 08 / 2011
Transaction ID : EB24892EC62722E2EDA
 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)..... **1073.34**
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 35 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Edward J. Toggart M.D., F.A.		Date of Receipt
Mailing Address 3600 NW Samaritan Dr Ste E350		<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City Corvallis	State OR	Zip Code 97330-3737
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 014AD827-F3CD-4D1D-
Name of Employer Samaritan Heart & Vascular Institute	Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period <input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Howard T. Walpole Jr., M.D.,		Date of Receipt
Mailing Address 31 Northumberland		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2011"/>
City Nashville	State TN	Zip Code 37215-4123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 466FA395291071F9A9FF
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period <input type="text" value="416.67"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3750.03"/>	

Full Name (Last, First, Middle Initial) C. Mary Norine Walsh M.D., F.A.		Date of Receipt
Mailing Address 428 W 83rd Pl		<input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City Indianapolis	State IN	Zip Code 46260-4905
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : 4C8D907F142C52C18524
Name of Employer St Vincent Heart Center of Indiana	Occupation HEART FAILURE/TRANSPLANT	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1016.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 42
	<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. Michael C. Widmer M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2753 NE Red Oak Dr
 City Bend State OR Zip Code 97701-8348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **916.63**

Date of Receipt **11 / 30 / 2011**
Transaction ID : 4E7FB37EF333C5D1CECC
 Amount of Each Receipt this Period **83.33**

B. Michael J. Wolk M.D., M.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 876 Park Ave
 City New York State NY Zip Code 10075-1832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer New York Cardiology Associates Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **11 / 08 / 2011**
Transaction ID : 40D096C181B969861926
 Amount of Each Receipt this Period **125.00**

C. Richard F. Wright M.D., F.A.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1038 S Carmelina Ave
 City Los Angeles State CA Zip Code 90049-5810
 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 **2250.00**

Date of Receipt **11 / 08 / 2011**
Transaction ID : 40BBA375A5DA61A296E6
 Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional).....	458.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lambert A. Wu M.D., F.A.		Date of Receipt 11 / 23 / 2011 Transaction ID : 42FFB1333FB8B0D55C1D
Mailing Address 1524 NW Grove Ave		Amount of Each Receipt this Period 83.34
City Topeka	State KS	Zip Code 66606-1234
FEC ID number of contributing federal political committee. C	Name of Employer Cotton O'Neil Heart Center	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1083.40	

Full Name (Last, First, Middle Initial) B. Raymond S. Yen M.D., F.A.		Date of Receipt 11 / 23 / 2011 Transaction ID : 3FBCC942-0784-4A6F-
Mailing Address 315 N 3rd Ave Ste 207		Amount of Each Receipt this Period 1000.00
City Covina	State CA	Zip Code 91723-1917
FEC ID number of contributing federal political committee. C	Name of Employer Foothill Cardiology	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Raymond S. Yen M.D., F.A.		Date of Receipt 11 / 23 / 2011 Transaction ID : 8D55A6E9-B327-47F1-
Mailing Address 315 N 3rd Ave Ste 207		Amount of Each Receipt this Period 1000.00
City Covina	State CA	Zip Code 91723-1917
FEC ID number of contributing federal political committee. C	Name of Employer Foothill Cardiology	Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	2083.34
TOTAL This Period (last page this line number only).....▶	30479.96

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

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

FOR LINE NUMBER: PAGE 39 OF 42
(check only one)

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

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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
14497.13

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 14 / 2011
Transaction ID : 87C6D388196E9F5405C

Amount of Each Receipt this Period
 931.33

Reimbursement for October Amex Fees, November Merchant Fees, and 11/9/11 Deposit Slip Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	931.33
TOTAL This Period (last page this line number only).....▶	931.33

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
November 2011 Amex Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2011

Transaction ID : V1115C9E5909261C6A90

Amount of Each Disbursement this Period

243.44

Full Name (Last, First, Middle Initial)

B. Sun Trust Bank

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

Purpose of Disbursement
New Deposit Slips

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 09 / 2011

Transaction ID : 911996E1047E1307D27

Amount of Each Disbursement this Period

64.52

Full Name (Last, First, Middle Initial)

C. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
November 2011 Merchant Fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2011

Transaction ID : MA6C6B8094903AE941AE

Amount of Each Disbursement this Period

750.60

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

1058.56

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

1058.56

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Jack Kingston

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

11 / **02** / **2011**

Transaction ID : 65C6B2213E41DE375CE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Pete Sessions for Congress

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
2012 General

011
Category/
Type

Candidate Name

Peter Anderson Sessions

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

11 / **02** / **2011**

Transaction ID : F44726E28AEACCE80A5

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2012 Primary

011
Category/
Type

Candidate Name

Aaron Schock

Office Sought: House
 Senate
 President
State: IL District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

11 / **16** / **2011**

Transaction ID : 15613BBF6EF5A18664B

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement
2012 Primary

Category/
Type

Candidate Name

Aaron Schock

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

/ /

Transaction ID : E52CFB3DC4021F5A2B0

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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