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# FEC FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

CARDIOLOGY ADVOCACY ALLIANCE PAC, LLC

ADDRESS (number and street) 11065 HOMESHORE DRIVE

X (Check if address is changed)

PINCKNEY MI 48169-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mburrage@cardiologycaa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.cardiologycaa.com

COMMITTEE'S FAX NUMBER

734-873-5912

2. DATE 09 20 2006

3. FEC IDENTIFICATION NUMBER ▶ C00421040

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

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

Type or Print Name of Treasurer Margo L. Burrage

Signature of Treasurer Margo L Burrage Date 09 20 2006

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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|---|---|---|---|---|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: ☐ House ☐ Senate ☐ President

State

District

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative



26039204420

Write or Type Committee Name
Cardiology Advocacy Alliance PAC, LLC

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name: Margo L. Burrage
Mailing Address: 11065 Homeshore Drive
Pinckney MI 48169-
Title or Position ▼: Treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 734-878-5449

8. **Treasurer:** List the name and address (phone number – optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: Margo L. Burrage
Mailing Address: 11065 Homeshore Drive
Pinckney MI 48169-
Title or Position ▼: Treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 734-878-5449

Full Name of Designated Agent: Ann Honeycutt
Mailing Address: 5875 Bremo Road
Suite 512
Richmond VA 23226-
Title or Position ▼: asst treasurer
CITY ▲ STATE ▲ ZIP CODE ▲
Telephone number: 804-521-5801



26039204421

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

National City

Mailing Address 222 W. Main Street

Pinckney MI 48169-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

AMSOUTH BANK

Mailing Address 1900 N. FIFTH AVE

SUITE 300

BIRMINGHAM AL 35203-

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**
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| PREPARER | DATE PREPARED 10/12/06 |

(3/2005)

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