

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 12 01 2007 through 12 31 2007

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

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 01 30 2008

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

Table with 7 columns and 1 row. Last cell contains 'FEC FORM 3X (Rev. 12/2004)'. Office Use Only label is in the first cell.

**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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		384594.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	264945.41									
(c) Total Receipts (from Line 19)	25912.45	370236.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	290857.86	754830.89								
7. Total Disbursements (from Line 31)	21959.94	485932.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	268897.92	268897.92								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	20441.33	292313.40
(i) Itemized (use Schedule A)	4835.00	68641.41
(ii) Unitemized	25276.33	360954.81
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25276.33	360954.81
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)	636.12	9281.68
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))	25912.45	370236.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25912.45	370236.49

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	959.94	9823.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	959.94	9823.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	472708.99
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	3400.00
(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	3400.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	21959.94	485932.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21959.94	485932.97

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	25276.33	360954.81
34. Total Contribution Refunds (from Line 28(d))	0.00	3400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25276.33	357554.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	959.94	9823.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	636.12	9281.68
38. Net Operating Expenditures (subtract Line 37 from Line 36)	323.82	542.30

**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 / 34
	<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

A.	Full Name (Last, First, Middle Initial) Peter Alagona	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 145 Sparrow Road H047/Pshvi/Cardiology	Transaction ID: a1c408241ce84f29a593
	City Hummelstown State PA Zip Code 17033	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Penn State Milton S. Hershey Medical Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Jay H. Alexander	Date of Receipt MM / DD / YYYY 12 / 30 / 2007
	Mailing Address 2151 Waukegan Road #100	Transaction ID: 011408-VTJF1EAB7383
	City Deerfield State IL Zip Code 60015-1857	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer North Shore Cardiologists, SC Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4050.00	

C.	Full Name (Last, First, Middle Initial) Thomas E. Arend	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 2400 N Street, Northwest	Transaction ID: 04d0932a60ca46538e3c
	City Washington State DC Zip Code 20037-1153	Amount of Each Receipt this Period 55.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American College of Cardiology Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00	

SUBTOTAL of Receipts This Page (optional)	505.00
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 7 / 34

(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)
Timothy M. Bateman

Mailing Address 4330 Wornall Road Suite 2000

City State Zip Code
Kansas City MO 64111-5939

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cardiovascular Consultants, PC ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY
12 / 29 / 2007

Transaction ID: 011408-VTJF1EA7BCC1

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Alan E. Benheim

Mailing Address 8316 Arlington Boulevard Suite 610

City State Zip Code
Fairfax VA 22031-5204

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Pediatric Cardiology Associates, P.C. PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
12 / 13 / 2007

Transaction ID: 84feca62344e426383c6

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Mark G. Berry

Mailing Address 1987 Nicole Road

City State Zip Code
Fort Dodge IA 50501-8727

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Iowa Heart Center @ Fort Dodge, PC CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 13 / 2007

Transaction ID: 80b6cf1ad6284ce0829f

Amount of Each Receipt this Period 250.00

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: PAGE 8 / 34
(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)
Alan S. Brown

Mailing Address 4th Floor Edwards Heart Hospital
801 S Washington Street

City Naperville State IL Zip Code 60567

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 7

Transaction ID: 011408-VTJF1EAB6587

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Douglas K. Brown

Mailing Address 1304 N Faulkner Drive

City Claremore State OK Zip Code 73701-5712

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

Name of Employer NW OK Cardiology, Inc. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: 11630cda93b2491c955d

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 1819 Carew Street

City Fort Wayne State IN Zip Code 46805-4705

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

Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 7

Transaction ID: 011408-VTHF1EAB6576

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 450.00

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 9 / 34
(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)
Bernard A. Clark

Mailing Address 114 Woodland Street

City State Zip Code
Hartford CT 06105-1208

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

Name of Employer
St. Francis Hospital and Medical Centre

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 7

Transaction ID: 011408-VTJF1EA7BCCD

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
William G. Combs

Mailing Address 5722 Ricky Ridge Trail

City State Zip Code
Orefield PA 18069-8800

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

Name of Employer
The Heart Care Group, P.C.

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: d537da5cc3b646589faa

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
John M. Cox

Mailing Address PO Box 4000

City State Zip Code
Joplin MO 64803-4000

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

Name of Employer
Freeman Heart Institute

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 7 / 2 0 0 7

Transaction ID: b294879608d14c45bc16

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 34
	<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) William C. Dillon	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 7611 Wolf Pen Ridge Court	Transaction ID: 1ec2c33427894fd4933a
	City Prospect State KY Zip Code 40205-3373	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Associates P.S.C.	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Raymond E. Dusman	Date of Receipt MM / DD / YYYY 12 / 13 / 2007
	Mailing Address 2109 Turnberry Lane	Transaction ID: 24c66ab658784db9afe2
	City Fort Wayne State IN Zip Code 46814-9394	Amount of Each Receipt this Period 200.00
	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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) George A. Eyrich	Date of Receipt MM / DD / YYYY 12 / 11 / 2007
	Mailing Address 617 Fairfax Rd. E	Transaction ID: 635abce77d694bd2b29e
	City Mobile State AL Zip Code 36604-1416	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 34

(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)

James W. Fasules

Mailing Address Slot 512-3 Room G3005P-1
1900 Maryland

City State Zip Code
Little Rock AR 72202

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

Name of Employer
Arkansas Children's Hospital
Pediatric

Occupation
PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
712.00

Date of Receipt

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

Transaction ID: 011408-VTJF1EAB6585

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Ronald H. Fields

Mailing Address Office Building, Suite 204
1205 Langhorne-Newtown Road

City State Zip Code
Langhorne PA 19047-1219

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

Name of Employer
St. Mary's Hospital Medic-
al

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 323ac7ac22d64307ac02

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert E. Foster

Mailing Address 100 Pilot Medical Drive #300

City State Zip Code
Birmingham AL 35235-3412

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

Name of Employer
Birmingham Medical Drive
#300

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

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

Transaction ID: 88561d54e5c64c5986cf

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1042.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 34
(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)
Robert W. Godley
 Mailing Address 4500 N Washington Road
 City State Zip Code
Fort Wayne IN 46805-4705
 Date of Receipt
MM / DD / YYYY
12 / 07 / 2007
Transaction ID: 61f583767ff24ee0af91
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Barbara L. Greenan
 Mailing Address 9418 Balfour Drive
 City State Zip Code
Bethesda MD 20814-1616
 Date of Receipt
MM / DD / YYYY
12 / 21 / 2007
Transaction ID: 605c4b27f63a4e209b4d
 Amount of Each Receipt this Period
114.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
American College of Cardiology Executive
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 684.00

C. Full Name (Last, First, Middle Initial)
Hasan Guven
 Mailing Address 904 Park Crest Circle
 City State Zip Code
Birmingham AL 35242-7537
 Date of Receipt
MM / DD / YYYY
12 / 07 / 2007
Transaction ID: 24b0dd51960e4e7f856b
 Amount of Each Receipt this Period
250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
Alabama Cardiovascular Group INTERVENTIONAL CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

SUBTOTAL of Receipts This Page (optional) ► 614.00
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 / 34
	<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) Glenn A. Harris		Date of Receipt
	Mailing Address Western Carolina Cardiology 32 Physician Drive		<input type="text" value="12"/> / <input type="text" value="13"/> / <input type="text" value="2007"/>
	City Clyde	State NC	Zip Code 28721
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 35a01d50dae74d24b4f2
	Name of Employer Western Carolina Cardiology		Occupation ADULT CARDIOLOGY
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"/>	Amount of Each Receipt this Period <input type="text" value="500.00"/>

B.	Full Name (Last, First, Middle Initial) Kevin K. Hart		Date of Receipt
	Mailing Address 1819 Carew Street		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2007"/>
	City Fort Wayne	State IN	Zip Code 46805-4705
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 400d2fee081440d29abc
	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 ▼ <input type="text" value="252.00"/>	Amount of Each Receipt this Period <input type="text" value="42.00"/>

C.	Full Name (Last, First, Middle Initial) Clair S. Hixson		Date of Receipt
	Mailing Address 2050 Meadowview Parkway		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City Kingsport	State TN	Zip Code 37660-7332
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID: 26062aa2a9d0445c9491
	Name of Employer Cardiovascular Associates, P.C. The He		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	Amount of Each Receipt this Period <input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="792.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 34
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
John P. Hoche

Mailing Address 1615 Pasadena Avenue S Suite 300

City State Zip Code
South Pasadena FL 33707-4567

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

Name of Employer Heart and Vascular Institute of Florida
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 58efc5ff1baf4b66b39c

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
John S. Jones

Mailing Address 834 Kenmore Road

City State Zip Code
Chapel Hill NC 27514-1447

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

Name of Employer Triangle Heart Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2007

Transaction ID: 2bdaca707bfa4a35aafe

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Thomas Kason

Mailing Address 123 S Adams Street

City State Zip Code
Hinsdale IL 60521-3134

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

Name of Employer Heart Care Centers of Illinois
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2007

Transaction ID: b116ec138f05480ba1e2

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 34
(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)
Shahabuddin Khan

Mailing Address 7619 Victory Gallup Street

City Las Vegas State NV Zip Code 89131-4125

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

Name of Employer Nevada Heart & Vascular Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2007
Transaction ID: e3c176b6a5ff4ac9aef8
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Francis J. Kiernan

Mailing Address 62 Meadow Ridge

City Avon State CT Zip Code 06106-5527

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

Name of Employer Hartford Cardiac Lab., PC
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2007
Transaction ID: 6b0b3bef053446c38539
Amount of Each Receipt this Period 500.00

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

Mailing Address 7886 Lantana Creek Road

City Largo State FL Zip Code 33709-3859

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

Name of Employer Bay Area Heart Center
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 07 / 2007
Transaction ID: 0f171b99f0374e61bc82
Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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 16 / 34
(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)
Ronald J. Landin

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 7

Transaction ID: 3da5b6acdeb346c78f3d

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Gerard R. Martin

Mailing Address 202 Primrose Street

City State Zip Code
Chevy Chase MD 20010-2978

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

Name of Employer Occupation
Cardiology, CNMC PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 601.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 1 / 2 0 0 7

Transaction ID: 70fc8347e2ae42618d0f

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Marco Mazzella

Mailing Address 9320 Swarner Road

City State Zip Code
Lenexa KS 64132-4139

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

Name of Employer Occupation
Kansas City Cardiology Associates CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: 6c9a44b84bf84041b00e

Amount of Each Receipt this Period
250.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 34

(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. McBride		Date of Receipt MM / DD / YYYY 12 / 07 / 2007		
	Mailing Address 2592 Parkview Court		Transaction ID: fc9588e12c94484a925f		
	City White Bear Twp	State MN	Zip Code 55110-5784	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation NON-INVASIVE CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

B.	Full Name (Last, First, Middle Initial) Thomas L. McKiernan		Date of Receipt MM / DD / YYYY 12 / 13 / 2007		
	Mailing Address 156 E St. Charles Road		Transaction ID: 3805b6617d2f4438ac85		
	City Elmhurst	State IL	Zip Code 60126-3424	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Loyola University Stritch School of Me	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Bruce A. McLellan		Date of Receipt MM / DD / YYYY 12 / 11 / 2007		
	Mailing Address 2500 Northeast Neff Road Heart Center, 2nd Floor		Transaction ID: ffa88e19c7cc42a3acb0		
	City Bend	State OR	Zip Code 97701	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Heart Center Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶

875.00

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 18 / 34
(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)
Andrew L. Mecca
 Mailing Address 311 W 24th Street Suite 401
 City Erie State PA Zip Code 16502-2667
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Consultants in Cardiovascular Diseases Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 13 / 2007
Transaction ID: 1fd41157462b4f509145
 Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Michael J. Mirro
 Mailing Address 1819 Carew Street
 City Fort Wayne State IN Zip Code 46805-4705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1450.00
 Date of Receipt 12 / 30 / 2007
Transaction ID: 011408-VTHF1EAB6586
 Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Thomas A. Mustoe
 Mailing Address 230 San Jose Street
Central Coast Cardiology
 City Salinas State CA Zip Code 93901-3932
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Central Coast Cardiology Occupation INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 12 / 11 / 2007
Transaction ID: 1ad079c382914e7c9313
 Amount of Each Receipt this Period 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 19 / 34
(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)
Charn S. Nandra

Mailing Address 100 Welday Avenue

City Wintersville State OH Zip Code 43953-3779

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

Name of Employer Tristate Medical Center Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 07 / 2007

Transaction ID: f91900b1c6a249c2b9f6

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Michael A. Nocero

Mailing Address 103 Satsuma Drive

City Altamonte Springs State FL Zip Code 32803-1876

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

Name of Employer Central Florida Cardiology Group Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 07 / 2007

Transaction ID: 1b8f368d4a7f4061899e

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
Michael R. Pittaro

Mailing Address 40 Cross Street Suite 200

City Norwalk State CT Zip Code 06851-4697

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

Name of Employer Cardiology Assoc. of Fairfield County Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 21 / 2007

Transaction ID: e4d3094d018642a9a79a

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 34
	<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) Charles F. Presti		Date of Receipt
	Mailing Address 4605 Crestwood Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 1 1 / 2 0 0 7
	City	State	Zip Code
	Fort Wayne	IN	46807-2914
	FEC ID number of contributing federal political committee. C		Transaction ID: 9f1723d2e0904e638ce5
Name of Employer Self-Employed		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"/> 400.00

B.	Full Name (Last, First, Middle Initial) Adam J. Prudoff		Date of Receipt
	Mailing Address 83 Governors Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Brentwood	TN	37027-8926
	FEC ID number of contributing federal political committee. C		Transaction ID: 76e9cafe69ee430bb4a1
Name of Employer Self-Employed		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"/> 250.00

C.	Full Name (Last, First, Middle Initial) Peter S. Rahko		Date of Receipt
	Mailing Address 3410 Noll Valley Circle 600 Highland Avenue		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	City	State	Zip Code
	Verona	WI	53792-0001
	FEC ID number of contributing federal political committee. C		Transaction ID: 220f1313ce58491bac68
Name of Employer University of Wisconsin		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"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 950.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 34
(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)
Madaiah Revana

Mailing Address 9950 Memorial Boulevard, Suite 201

City State Zip Code
Humble TX 77338-4282

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
MM / DD / YYYY
12 / 11 / 2007

Transaction ID: b5b41a1a0bdf4f799304

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Stancel M. Riley

Mailing Address 21 Chauncey Street

City State Zip Code
Cambridge MA 02138-2419

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

Name of Employer Self-Employed Occupation
CARDIOVASC. SURG.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 11 / 2007

Transaction ID: 8b3978514da948008e0c

Amount of Each Receipt this Period
500.00

C.

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

Mailing Address 3300 Duval Road Suite 150

City State Zip Code
Austin TX 78759-3542

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

Name of Employer Biophysical Corporation Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1355.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2007

Transaction ID: 011408-VTJF1EA7BCC5

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

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 22 / 34
(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)
Michael H. Salinger

Mailing Address 1875 Hilltop Lane

City Bannockburn State IL Zip Code 60015-1559

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

Name of Employer: Evanston Hospital Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 07 / 2007
Transaction ID: 64dee049b179417fa8d8
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
John F. Sanfelippo

Mailing Address 232 Burke Pl

City Jefferson City State MO Zip Code 65109-5793

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

Name of Employer: Jefferson City Medical Group PC Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 07 / 2007
Transaction ID: 5141c34370b74f4e8d8d
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Jane E. Schauer

Mailing Address 2522 Veranda Rd NW

City Albuquerque State NM Zip Code 87107-2939

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

Name of Employer: Presbyterian Heart Group Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt: 12 / 21 / 2007
Transaction ID: 8685641dba654d9694b8
Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ▶ **520.00**

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 / 34
	<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) Evan J. Selsky		Date of Receipt	
	Mailing Address 1979 Turnberry Court		M M / D D / Y Y Y Y Y 1 2 / 1 3 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: fc78b2a29f3442bc91e9
	Finksburg	MD	21157-6160	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Midatlantic Cardiovascular & Associate		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.	Full Name (Last, First, Middle Initial) Stephen B. Sloan		Date of Receipt	
	Mailing Address 5218 Bailey Court W		M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 8f36d944e6cd45d28675
	Doylestown	PA	18901-3525	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Central Bucks Cardiology		Occupation ELECTROPHYSIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

C.	Full Name (Last, First, Middle Initial) Alan D. Steljes		Date of Receipt	
	Mailing Address 100 N Green Valley Pwy Suite 245		M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: 439bc9210fa84aacaf7c
	Henderson	NV	89074-7704	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00		
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 34

(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)

Ira M. Stone

Mailing Address 3310 Southwest 34th Street

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 07 / 2007

Transaction ID: 27636fe709574e23add6

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)

William E. Story

Mailing Address 1745 North Mills Avenue #100

City	State	Zip Code
Orlando	FL	32803-1876

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

Name of Employer Central Florida Cardiology Group	Occupation ADULT CARDIOLOGY
--	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00
---	-------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 21 / 2007

Transaction ID: 8c70e903922944ceb51a

Amount of Each Receipt this Period
2000.00

C.

Full Name (Last, First, Middle Initial)

William A. Van Decker

Mailing Address 1051 Montgomery Avenue

City	State	Zip Code
Narberth	PA	19072-1605

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

Name of Employer Temple University Hospital	Occupation ADULT CARDIOLOGY
--	--------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00
---	-------------------------------------

Date of Receipt

MM / DD / YYYY
12 / 07 / 2007

Transaction ID: 72cde86a5d2c435ebfc3

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶

2625.00

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 / 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Mary N. Walsh		Date of Receipt
	Mailing Address 8333 Naab Road Suite 400		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Indianapolis	IN	46260-1992
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Care Group LLCThe Care Group, LLCs		Occupation HEART FAILURE/TRANSPLANT	Transaction ID: 011408-VTHF1EA7BCCC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1300.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Thomas G. Welch		Date of Receipt
	Mailing Address 4052 Nantucket Drive		<input type="text" value="12"/> / <input type="text" value="07"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Toledo	OH	43623-3256
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Transaction ID: bf34028ca5bb4aff8c6a
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

C.	Full Name (Last, First, Middle Initial) Steven R. West		Date of Receipt
	Mailing Address Cardiology Consultants of Southwes 13411 Parker Commons Boulevard, Su		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Fort Myers	FL	33912
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cardiology Consultants of Southwest Fl		Occupation ADULT CARDIOLOGY	Transaction ID: 011408-VTHF1EAB6588
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1200.00"/>	<input type="text" value="100.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 34
(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 H. Windsor

Mailing Address 310 N 10th Street

City Bismarck State ND Zip Code 58501-4516

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

Name of Employer Heart & Lung Clinic Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 7

Transaction ID: 011408-VTHF1EAB657A

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
William T. Witmer

Mailing Address 1485 Bradbury Court

City Green Bay State WI Zip Code 54313-9351

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

Name of Employer Aurora BayCare Medical Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 7

Transaction ID: 16ac4ce9e5094c62b770

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Michael J. Wolk

Mailing Address 876 Park Avenue

City New York State NY Zip Code 10075-1832

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

Name of Employer New York Cardiology Assoc. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 0 / 2 0 0 7

Transaction ID: 011408-VTJF1EAB657B

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **1183.33**

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 / 34
(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)
Kevin R. Young

Mailing Address 1917 E Rosedown Drive

City State Zip Code
Lake Charles LA 70601-5727

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

Name of Employer Cardiovascular Specialist-
sof Southwest Occupation ADULT CARDIOLOGY

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2007

Transaction ID: 568cde460e3243ed9629

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Michael V. Yow

Mailing Address 906 Twyckenham Road

City State Zip Code
Media PA 19063-1636

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
12 / 07 / 2007

Transaction ID: 210adec874c343ef8615

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

TOTAL This Period (last page this line number only) ► 20441.33

**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 / 34
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" 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) American College of Cardiology - Admin Account		Date of Receipt
	Mailing Address P.O. Box 85024		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 55996-77541750669480
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="9281.68"/>	
		Amount of Each Receipt this Period	<input type="text" value="234.33"/>
		Reimburse for November Am- ex Fees	

B.	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt
	Mailing Address P.O. Box 85024		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: 55996-86098879575730
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="9281.68"/>	
		Amount of Each Receipt this Period	<input type="text" value="401.79"/>
		Reimburse for Dec. Mercha- nt Fees	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="636.12"/>
TOTAL This Period (last page this line number only)	<input type="text" value="636.12"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement December 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) ▼	Transaction ID: V39367-3261834979057 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 7
	Amount of Each Disbursement this Period 188.02
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Merchant Services <hr/> Mailing Address 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement December 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) ▼	Transaction ID: M96352-2726709246635 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 7
	Amount of Each Disbursement this Period 366.79
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Sun Trust Bank <hr/> Mailing Address P.O. Box 85024 <hr/> City Richmond State VA Zip Code 23285-5024 <hr/> Purpose of Disbursement Bank 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) ▼	Transaction ID: 39367-98301333189011 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 7
	Amount of Each Disbursement this Period 370.13
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

924.94

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 30 / 34

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: M96352-2642022967338

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		0	4		2	0	0	7

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

35.00

Purpose of Disbursement
December Merchant Fees

001
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

35.00

TOTAL This Period (last page this line number only)

959.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Allyson Schwartz for Congress	Transaction ID: 91579-1166498064994
	Mailing Address PO Box 2232	Date of Disbursement 12 / 18 / 2007
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - General Candidate Name Allyson Schwartz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Hooley for Congress	Transaction ID: 91579-3265497088432
	Mailing Address PO Box 2050	Date of Disbursement 12 / 18 / 2007
	City Salem State OR Zip Code 97308	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - Primary Candidate Name Darlene Hooley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Lobiondo for Congress	Transaction ID: 91579-8208734393119
	Mailing Address PO Box 775	Date of Disbursement 12 / 18 / 2007
	City Marmora State NJ Zip Code 08223	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution - Primary Candidate Name Frank LoBiondo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 02	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Nathan Deal for Congress <hr/> Mailing Address PO Box 902 <hr/> City Gainesville State GA Zip Code 30503 <hr/> Purpose of Disbursement Contribution - General Candidate Name Nathan Deal <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91579-6544763445854 Date of Disbursement 12 / 18 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) People for English <hr/> Mailing Address PO Box 1940 <hr/> City Erie State PA Zip Code 16507 <hr/> Purpose of Disbursement Contribution - Primary Candidate Name Phil English <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 84628-0369531512260 Date of Disbursement 12 / 07 / 2007
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Preserving America's Traditions (PATPAC) <hr/> Mailing Address 228 South Washington Street Suite B-20 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 91579-0888635516166 Date of Disbursement 12 / 18 / 2007
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 34

<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) Red Rooster Leadership PAC <hr/> Mailing Address 228 S Washington Street Suite 115 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 91655-5663873553276 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Stabenow for US Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826 <hr/> Purpose of Disbursement Contribution - Primary Candidate Name Deborah Stabenow <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 84628-1432763934135 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Storm Chasers <hr/> Mailing Address PO Box 237 <hr/> City Monticello State IN Zip Code 47960 <hr/> Purpose of Disbursement Contribution - Rep. Steve Buyer leadersh Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 84628-1783105731010 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 7
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) Todd Akin for Congress <hr/> Mailing Address PO Box 31222 <hr/> City St. Louis State MO Zip Code 63131 <hr/> Purpose of Disbursement Contribution Candidate Name Todd Akin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 91655-7288476824760 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 1500.00 Category/Type: 011
B. Full Name (Last, First, Middle Initial) Wynn for Congress <hr/> Mailing Address PO Box 39139 <hr/> City Washington State DC Zip Code 20016 <hr/> Purpose of Disbursement Contribution - Primary Candidate Name Albert Wynn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 94902-4124719500541 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

21000.00