

# 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  
 Check if different than previously reported. (ACC)  
Washington DC 20037-1153

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly 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 (12G)  
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 06 01 2007 through 06 30 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 07 11 2007

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**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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 .....	451207.89									
(c) Total Receipts (from Line 19) .....	12520.77	213952.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	463728.66	598546.93								
7. Total Disbursements (from Line 31) .....	134315.66	269133.93								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	329413.00	329413.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	6

D	D
3	0

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	8667.00	162342.08
(i) Itemized (use Schedule A) .....	3475.00	46157.41
(ii) Unitemized .....	12142.00	208499.49
(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) .....	12142.00	208499.49
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) .....	378.77	5453.04
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)) .....	12520.77	213952.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12520.77	213952.53

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	315.66	5354.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	315.66	5354.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	134000.00	263129.84
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	650.00
(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	650.00
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))..	134315.66	269133.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	134315.66	269133.93

**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) .....	12142.00	208499.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12142.00	207849.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	315.66	5354.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	378.77	5453.04
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-63.11	-98.95

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 38
	<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) <b>A. Jay Alexander</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007
Mailing Address 2151 Waukegan Road #100		<b>Transaction ID:</b> 070507-VXHF1B559D16
City Bannockburn	State IL	Zip Code 60015-1884
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>B. David Ancona</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 14 / 2007
Mailing Address 603 N Flamingo Rd Ste 365		<b>Transaction ID:</b> 7b326bc3bae44d77b2d1
City Pembroke Pines	State FL	Zip Code 33028-1013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Timothy Bateman</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 4330 Wornall Road Suite 2000		<b>Transaction ID:</b> 070507-VXJF1B4EF84F
City Kansas City	State MO	Zip Code 64111-5939
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer Cardiovascular Consultant-s, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 38
	<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) <b>A. William Bradbury</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 420 Washington Street		<b>Transaction ID:</b> cd7b5cd2be324fa0980d	
City Norwich	State CT	Zip Code 06360-2408	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer NECCA, PC	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>B. Alan Brown</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington Street		<b>Transaction ID:</b> 070507-VXJF1B55E919	
City Naperville	State IL	Zip Code 60567	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. John Brush</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address 844 Kempsville Road #204		<b>Transaction ID:</b> 070507-VQFF1B84B2E4	
City Norfolk	State VA	Zip Code 23502-3927	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants, Ltd.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 38
	<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) <b>A.</b> Hollace Chastain		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> 070507-VXHF1B55E911	
City Fort Wayne	State IN	Amount of Each Receipt this Period 100.00	
Zip Code 46805-4705			
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		

Full Name (Last, First, Middle Initial) <b>B.</b> Bernard Clark		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 114 Woodland Street		<b>Transaction ID:</b> 070507-VXJF1B4EF9C2	
City Hartford	State CT	Amount of Each Receipt this Period 50.00	
Zip Code 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Karen Collishaw		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 2400 N Street, Northwest		<b>Transaction ID:</b> 070507-VXHF1B55E917	
City Washington	State DC	Amount of Each Receipt this Period 50.00	
Zip Code 20037-1153			
FEC ID number of contributing federal political committee. C			
Name of Employer American College of Cardiology	Occupation ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b> Full Name (Last, First, Middle Initial) Pedro Colon-Ortiz		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address PO Box 5307 Urb. El Verde, Mercurio # 11		<b>Transaction ID:</b> bf0d1baf8c434027add0	
City State Zip Code Caguas PR 00726-5307	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Centro Cardiovascular de Caguas	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) James Fasules		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2007	
Mailing Address Slot 512-3 Room G3005P-1 1900 Maryland		<b>Transaction ID:</b> 070507-VXHF1B55E915	
City State Zip Code Little Rock AR 72202	Amount of Each Receipt this Period 42.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Arkansas Children's HospitalPediatric	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Giuseppe Gioia		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 802 Curran Court		<b>Transaction ID:</b> 252fbef2e0024836b719	
City State Zip Code Galloway NJ 08205-4243	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	842.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 38
	<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) <b>A. Thomas Higgins</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2007	
Mailing Address 1502 Farley Road Suite 130		<b>Transaction ID:</b> 78a4dc8e06704c9292ba	
City State Zip Code Whitehouse Station NJ 07052-1106	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B. Charles Karaian</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 5001 Glenwood Hills Drive Northeas		<b>Transaction ID:</b> da8f6f68801049609dfe	
City State Zip Code Albuquerque NM 87106-4921	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Presbyterian Heart Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Damoder Kesireddy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 01 / 2007	
Mailing Address 442 W High Street		<b>Transaction ID:</b> e17ec0485fd841e8bcbb	
City State Zip Code Bryan OH 43506-1681	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ADULT CARDIOLOGY Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 38
	<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) <b>A. Shahid Khan</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 1926 Coors Creek Drive		<b>Transaction ID:</b> 5076c723a8e44342a5e4	
City State Zip Code Collierville TN 38104-6656	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Howard Lewin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 07 / 2007	
Mailing Address 6380 Wilshire Boulevard Suite 1109		<b>Transaction ID:</b> 88ddf7c5dedc4c098fa4	
City State Zip Code Los Angeles CA 90048-5018	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiac Imaging Associates	Occupation NON-INVASIVE 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>C. Richard Lewis</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 18 / 2007	
Mailing Address 5088 Stratford Avenue		<b>Transaction ID:</b> 3620bddc6b7f41f1a80f	
City State Zip Code Powell OH 43210-1252	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer The Ohio State University-Heart and Lun	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 38
	<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) <b>A. Albert Mercer</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2007
Mailing Address 815 E Parrish Suite 240		<b>Transaction ID: 070507-VXHF1B4EF854</b>
City Owensboro	State KY	Zip Code 42303-3222
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00
Name of Employer Green River Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2040.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Mirro</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2007
Mailing Address 1819 Carew Street		<b>Transaction ID: 070507-VXJF1B55E916</b>
City Fort Wayne	State IN	Zip Code 46805-4705
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
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	

Full Name (Last, First, Middle Initial) <b>C. Alberto Montalvo</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2007
Mailing Address 316 Manatee Avenue W		<b>Transaction ID: A677RSWVEE347</b>
City Bradenton	State FL	Zip Code 34205-8805
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Bradenton Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1140.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 38
	<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) <b>A.</b> J. William Richardson		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 7
Mailing Address 1230 Valentine Drive		<b>Transaction ID:</b> c7a1c83aa29743f183c7
City State Zip Code Dubuque IA 52001-7313	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Medical Assocs Clinic PC	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>B.</b> George Rodgers		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 3300 Duval Road Suite 150		<b>Transaction ID:</b> 070507-VXJF1B4EF853
City State Zip Code Austin TX 78759-3542	Amount of Each Receipt this Period 85.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 845.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Vasudev Shenoy		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 4 / 2 0 0 7
Mailing Address 7333 N Freeway Suite 100		<b>Transaction ID:</b> 8100aa93b9404acd823b
City State Zip Code Houston TX 77076-1346	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	585.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 38
	<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) <b>A. Mary Walsh</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 428 West 83rd Place		<b>Transaction ID: 070507-VXJF1B4EF859</b>	
City Indianapolis	State IN	Zip Code 46260-4905	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Director, CHF and Nuclear CardiologyTh	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B. Steven West</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 14171 Metropolis Avenue Suite 101		<b>Transaction ID: 070507-VXHF1B55E91A</b>	
City Fort Myers	State FL	Zip Code 33912-4335	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiology Consultants of Southwest Fl	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>C. John Windsor</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 30 / 2007	
Mailing Address 310 N 10th Street		<b>Transaction ID: 070507-VXJF1B55E913</b>	
City Bismarck	State ND	Zip Code 58501-4516	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	8667.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 38
	(check only one)	
	<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

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 ▼  
5453.04

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 07 / 2007

**Transaction ID:** 76303-77003115415573

Amount of Each Receipt this Period  
113.76

Reimburse for May Amex Fees

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5453.04

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 07 / 2007

**Transaction ID:** 76303-89370363950730

Amount of Each Receipt this Period  
265.01

Reimburse for Jun. Disc./- Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	378.77
<b>TOTAL</b> This Period (last page this line number only) .....	▶	378.77

**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 17 / 38

<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) <b>A. American Express</b>		<b>Transaction ID:</b> V63901-8523980975151 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 06 / 30 / 2007
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 50.65
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement June Amex Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>B. Discover Business Services</b>		<b>Transaction ID:</b> M31581-1474573016166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 9.29
City New Albany State OH Zip Code 43054	Purpose of Disbursement June Discover Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) <b>C. Merchant Services</b>		<b>Transaction ID:</b> M31581-8931848406791 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 06 / 04 / 2007
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 199.00
City Knoxville State TN Zip Code 37920	Purpose of Disbursement June Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... **258.94**

**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 18 / 38

<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.** Wachovia Bank

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
June Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M31581-7150842547416

Date of Disbursement

06 / 04 / 2007

Amount of Each Disbursement this Period

56.72

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

56.72

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

315.66

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 19 / 38

<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) <b>A. A Lot of People Who Support Jeff Bingaman</b>		<b>Transaction ID:</b> 28031-7356988787651
Mailing Address PO Box 16210		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City Albuquerque	State NM	Zip Code 87191
Purpose of Disbursement 2012 Primary	Amount of Each Disbursement this Period 2500.00	
Candidate Name Jeff Bingaman	Category/ Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District:		

Full Name (Last, First, Middle Initial) <b>B. Allyson Schwartz for Congress</b>		<b>Transaction ID:</b> 77983-5976526141166
Mailing Address PO Box 2232		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007
City Jenkintown	State PA	Zip Code 19046
Purpose of Disbursement 2008 Primary	Amount of Each Disbursement this Period 1000.00	
Candidate Name Allyson Schwartz	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District: 13		

Full Name (Last, First, Middle Initial) <b>C. Barbara Lee for Congress</b>		<b>Transaction ID:</b> 31239-4093591570854
Mailing Address 1736 Franklin Street #400		Date of Disbursement MM / DD / YYYY 06 / 28 / 2007
City Oakland	State CA	Zip Code 94612
Purpose of Disbursement 2008 Primary	Amount of Each Disbursement this Period 1000.00	
Candidate Name Barbara Lee	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 38

<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) <b>A. Battle Born Political Action Committee</b>		<b>Transaction ID:</b> 28031-6711847186088
Mailing Address PO Box 40366		Date of Disbursement 06 / 05 / 2007
City Washington	State DC	Zip Code 20016
Purpose of Disbursement 2007 Contribution	Amount of Each Disbursement this Period 2500.00	
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	2007 Contribution	

Full Name (Last, First, Middle Initial) <b>B. Boucher for Congress Committee</b>		<b>Transaction ID:</b> 28031-5537530779838
Mailing Address PO Box 2000		Date of Disbursement 06 / 05 / 2007
City Abingdon	State VA	Zip Code 24212
Purpose of Disbursement 2008 Primary	Amount of Each Disbursement this Period 1500.00	
Candidate Name Rick Boucher	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: VA District: 09		

Full Name (Last, First, Middle Initial) <b>C. Boyd for Congress</b>		<b>Transaction ID:</b> 31239-8675042986869
Mailing Address PO Box 15703		Date of Disbursement 06 / 28 / 2007
City Tallahassee	State FL	Zip Code 32317
Purpose of Disbursement 2008 Primary	Amount of Each Disbursement this Period 1000.00	
Candidate Name F. Boyd	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: FL District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Brian Bilbray for Congress</b>		<b>Transaction ID:</b> 28031-9894983172416
Mailing Address 2466 Unicornio Street		Date of Disbursement 06 / 05 / 2007
City Carlsbad	State CA	Zip Code 92009
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Brian Bilbray		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 50	
		Amount of Each Disbursement this Period 1500.00

Full Name (Last, First, Middle Initial) <b>B. Brian Bilbray for Congress</b>		<b>Transaction ID:</b> 31239-6514093279838
Mailing Address 2466 Unicornio Street		Date of Disbursement 06 / 28 / 2007
City Carlsbad	State CA	Zip Code 92009
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Brian Bilbray		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 50	
		Amount of Each Disbursement this Period 1000.00

Full Name (Last, First, Middle Initial) <b>C. Charles Boustany Jr MD for Congress Inc</b>		<b>Transaction ID:</b> 31239-6663476824760
Mailing Address PO Box 80126		Date of Disbursement 06 / 28 / 2007
City Lafayette	State LA	Zip Code 70598
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Charles Boustany		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 07	
		Amount of Each Disbursement this Period 2500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 38

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

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

<b>A.</b> Congressman Bart Gordon Committee Mailing Address PO Box 2008	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	<b>Transaction ID:</b> 28031-4630853533744 Date of Disbursement 06 / 05 / 2007
--	--	--

City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement 2008 Primary Candidate Name Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2000.00 Category/Type 011
--	--

<b>B.</b> Congressman Bart Gordon Committee Mailing Address PO Box 2008	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee	<b>Transaction ID:</b> 31239-4560357928276 Date of Disbursement 06 / 28 / 2007
--	--	--

City Murfreesboro State TN Zip Code 37133 Purpose of Disbursement 2008 Primary Candidate Name Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 3000.00 Category/Type 011
--	--

<b>C.</b> Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Boulevard #1612	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee	<b>Transaction ID:</b> 31566-6851922869682 Date of Disbursement 06 / 28 / 2007
--	--	--

City Los Angeles State CA Zip Code 90048 Purpose of Disbursement 2008 Primary Candidate Name Henry Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1000.00 Category/Type 011
--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 38

<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) <b>A. Crowley for Congress</b>		<b>Transaction ID:</b> 31239-1511499285697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 84-56 Grand Avenue		Amount of Each Disbursement this Period 2500.00
City Elmhurst State NY Zip Code 11373	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Joseph Crowley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Cubin for Congress Inc.</b>		<b>Transaction ID:</b> 31239-8318139910698 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 4657		Amount of Each Disbursement this Period 1000.00
City Casper State WY Zip Code 82604	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Barbara Cubin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Cummings for Congress Campaign Committee</b>		<b>Transaction ID:</b> 31239-5710260272026 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 1631		Amount of Each Disbursement this Period 2500.00
City Baltimore State MD Zip Code 21203	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Elijah Cummings		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional Campaign Committee</b>		<b>Transaction ID:</b> 28031-7789880633354 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 430 S Capitol St SE 2nd Floor		Amount of Each Disbursement this Period 10000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2007 Contribution		

Full Name (Last, First, Middle Initial) <b>B. Democrats Win Seats (DWS PAC)</b>		<b>Transaction ID:</b> 76271-2656366229057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 1071 Twin Branch Lane		Amount of Each Disbursement this Period 2500.00
City Weston State FL Zip Code 33326	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: 2007 Contribution		

Full Name (Last, First, Middle Initial) <b>C. Diana Degette for Congress Inc.</b>		<b>Transaction ID:</b> 77983-1839563250541 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address PO Box 61337		Amount of Each Disbursement this Period 1000.00
City Denver State CO Zip Code 80206	Purpose of Disbursement 2008 Primary Candidate Name Diana DeGette Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	13500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Earl Pomeroy for Congress</b>		<b>Transaction ID:</b> 28031-5529291033744 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address PO Box 9336		Amount of Each Disbursement this Period 2500.00
City Fargo State ND Zip Code 58106	Purpose of Disbursement 2008 Primary Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>B. Friends of Charlie Wilson</b>		<b>Transaction ID:</b> 31239-3224298357963 <b>Date of Disbursement</b> 06 / 28 / 2007
Mailing Address PO Box 61		Amount of Each Disbursement this Period 1500.00
City St. Clairsville State OH Zip Code 43950	Purpose of Disbursement 2008 Primary Candidate Name Charles Wilson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) <b>C. Friends of Connie Mack</b>		<b>Transaction ID:</b> 27578-9128534197807 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address PO Box 519		Amount of Each Disbursement this Period 1000.00
City Naples State FL Zip Code 34106	Purpose of Disbursement 2008 Primary Candidate Name Connie Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty)

**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) <b>A. Friends of Dave Weldon</b>		<b>Transaction ID:</b> 28031-5354577898979 Date of Disbursement 06 / 05 / 2007
Mailing Address 2525 Aurora Road Suite 2		Amount of Each Disbursement this Period 1000.00
City Melbourne State FL Zip Code 32935	Purpose of Disbursement 2008 Primary Candidate Name Dave Weldon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 15	

Full Name (Last, First, Middle Initial) <b>B. Friends of Jay Rockefeller</b>		<b>Transaction ID:</b> 28031-2378503680229 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 1909		Amount of Each Disbursement this Period 2500.00
City Charleston State WV Zip Code 25327	Purpose of Disbursement 2008 Primary Candidate Name John Rockefeller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:	

Full Name (Last, First, Middle Initial) <b>C. Friends of Jim Clyburn</b>		<b>Transaction ID:</b> 28031-3931085467338 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 12567		Amount of Each Disbursement this Period 2500.00
City Columbia State SC Zip Code 29211	Purpose of Disbursement 2008 Primary Candidate Name James Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SC District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Friends of Lois Capps</b>		<b>Transaction ID:</b> 28031-2324029803276 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 2500.00
City Santa Barbara State CA Zip Code 93121	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Friends of Rahm Emanuel</b>		<b>Transaction ID:</b> 28031-6400110125541 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 101124		Amount of Each Disbursement this Period 2500.00
City Chicago State IL Zip Code 60610	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Rahm Emanuel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Friends of Roy Blunt</b>		<b>Transaction ID:</b> 31239-9428369402885 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 50100		Amount of Each Disbursement this Period 2500.00
City Springfield State MO Zip Code 65805	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Roy Blunt		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Friends of Weiner</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1 Ascan Ave Suite 31</p> <p>City Forest Hills State NY Zip Code 11375</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name Anthony Weiner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 28031-1955682635307</p> <p>Date of Disbursement 06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Gingrey for Congress</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name John Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 28031-9089929461479</p> <p>Date of Disbursement 06 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Gingrey for Congress</p> <p>Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement 2008 Primary</p> <p>Candidate Name John Gingrey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 31239-9083673357963</p> <p>Date of Disbursement 06 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

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

4000.00

**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

Full Name (Last, First, Middle Initial) <b>A. Grassley Committee Inc</b>		<b>Transaction ID:</b> 28031-0553552508354 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 1000		Amount of Each Disbursement this Period 3000.00
City Des Moines	State IA	
Zip Code 50304		
Purpose of Disbursement 2010 Primary		
Candidate Name Charles Grassley		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA District:		

Full Name (Last, First, Middle Initial) <b>B. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID:</b> 28031-4580041766166 Date of Disbursement 06 / 05 / 2007
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello	State IN	
Zip Code 47960		
Purpose of Disbursement 2008 Primary		
Candidate Name Stephen Buyer		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 04		

Full Name (Last, First, Middle Initial) <b>C. Hoosiers Supporting Buyer for Congress</b>		<b>Transaction ID:</b> 31239-5697748064994 Date of Disbursement 06 / 28 / 2007
Mailing Address 200 North Main St. PO Box 712		Amount of Each Disbursement this Period 1000.00
City Monticello	State IN	
Zip Code 47960		
Purpose of Disbursement 2008 Primary		
Candidate Name Stephen Buyer		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN District: 04		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Hulshof for Congress</b>		<b>Transaction ID:</b> 28031-3288537859916 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 1621		Amount of Each Disbursement this Period 1500.00
City Columbia State MO Zip Code 65205	Purpose of Disbursement 2008 Primary	
Candidate Name Kenny Hulshof		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO District: 09		

Full Name (Last, First, Middle Initial) <b>B. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID:</b> 28031-2136957049369 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement 2008 Primary	
Candidate Name Jim Ramstad		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 03		

Full Name (Last, First, Middle Initial) <b>C. Jim Ramstad Volunteer Committee</b>		<b>Transaction ID:</b> 31239-6088678240776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1500.00
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement 2008 Primary	
Candidate Name Jim Ramstad		Category/ Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN District: 03		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. John D. Dingell for Congress Committee</b>		<b>Transaction ID:</b> 28031-8699304461479 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 607 14th Street Northwest Suite 800		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20005		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name John Dingell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 15		

Full Name (Last, First, Middle Initial) <b>B. Kagen 4 Congress</b>		<b>Transaction ID:</b> 31566-5567743182182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address 100 West College Avenue 50 D		Amount of Each Disbursement this Period 5000.00
City Appleton State WI Zip Code 54911		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Steven Kagen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: WI District: 08		

Full Name (Last, First, Middle Initial) <b>C. Kirk for Congress</b>		<b>Transaction ID:</b> 31239-8886224627494 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 8		Amount of Each Disbursement this Period 2000.00
City Winnetka State IL Zip Code 60093		
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Mark Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL District: 10		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Leadership in the New Century (LINC PAC)</b>		<b>Transaction ID:</b> 28031-8380090594291 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 124 West Capitol Avenue Suite 630		Amount of Each Disbursement this Period 2500.00
City Little Rock State AR Zip Code 72201	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
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) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) <b>B. Lincoln Davis for Congress</b>		<b>Transaction ID:</b> 31239-7391626238823 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 350		Amount of Each Disbursement this Period 1000.00
City Jamestown State TN Zip Code 38556	Purpose of Disbursement 2008 Primary Candidate Name Lincoln Davis Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Linder for Congress</b>		<b>Transaction ID:</b> 28031-0745202898979 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 4026		Amount of Each Disbursement this Period 1000.00
City Duluth State GA Zip Code 30096	Purpose of Disbursement 2008 Primary Candidate Name John Linder Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Nancy Pelosi for Congress</b>		<b>Transaction ID:</b> 28031-6275598406791
Mailing Address 235 Montgomery Street Suite 610		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement 2008 General	011 Category/ Type	
Candidate Name Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CA District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period 5000.00

Full Name (Last, First, Middle Initial) <b>B. Nancy Pelosi for Congress</b>		<b>Transaction ID:</b> 28031-0966913104057
Mailing Address 235 Montgomery Street Suite 610		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City San Francisco	State CA	Zip Code 94104
Purpose of Disbursement 2008 Primary	011 Category/ Type	
Candidate Name Nancy Pelosi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: CA District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Amount of Each Disbursement this Period 5000.00

Full Name (Last, First, Middle Initial) <b>C. National Republican Congressional Committee</b>		<b>Transaction ID:</b> 28031-9520227313041
Mailing Address 320 1st St SE		Date of Disbursement MM / DD / YYYY 06 / 05 / 2007
City Washington	State DC	Zip Code 20003
Purpose of Disbursement 2007 Contribution	011 Category/ Type	
Candidate Name	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) ▼ 2007 Contribution	
		Amount of Each Disbursement this Period 10000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	20000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial) <b>A. Pallone for Congress</b>		<b>Transaction ID:</b> 28031-3329889178276 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Frank Pallone		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Pascrell for Congress Inc.</b>		<b>Transaction ID:</b> 28031-1000787615776 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 640		Amount of Each Disbursement this Period 3000.00
City Totowa State NJ Zip Code 07511	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name William Pascrell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. People for English</b>		<b>Transaction ID:</b> 28031-6909753680229 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 1940		Amount of Each Disbursement this Period 2500.00
City Erie State PA Zip Code 16507	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Phil English		
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) ▼	

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

8000.00

**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

Full Name (Last, First, Middle Initial) <b>A. People for Pete Domenici</b>		Transaction ID: 28031-7668420672416 Date of Disbursement 06 / 05 / 2007
Mailing Address PO Box 93656		Amount of Each Disbursement this Period 1000.00
City Albuquerque State NM Zip Code 87199	Purpose of Disbursement 2008 Primary Candidate Name Pete Domenici Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. Prosperity Helps Inspire Liberty Political Action Committee (PHILPAC)</b>		Transaction ID: 31566-1870843768119 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 26366		Amount of Each Disbursement this Period 2500.00
City Alexandria State VA Zip Code 22313	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
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) ▼ 2007 Contribution	
Full Name (Last, First, Middle Initial) <b>C. Republican Opportunity Network PAC</b>		Transaction ID: 76271-0033990740776 Date of Disbursement 06 / 28 / 2007
Mailing Address PO Box 2485		Amount of Each Disbursement this Period 1500.00
City Springfield State VA Zip Code 22152	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
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) ▼ 2007 Contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Rogers for Congress</b>		<b>Transaction ID:</b> 28031-4999353289604 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address PO Box 581		Amount of Each Disbursement this Period 1000.00
City Brighton State MI Zip Code 48116	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Mike Rogers		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Ron Lewis for Congress</b>		<b>Transaction ID:</b> 28031-7740442156791 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address PO Box 307		Amount of Each Disbursement this Period 3500.00
City Elizabethtown State KY Zip Code 42702	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Ron Lewis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Ryan for Congress</b>		<b>Transaction ID:</b> 28031-0828973650932 <b>Date of Disbursement</b> 06 / 05 / 2007
Mailing Address PO Box 1919		Amount of Each Disbursement this Period 1000.00
City Janesville State WI Zip Code 53547	011 Category/ Type	
Purpose of Disbursement 2008 Primary		
Candidate Name Paul Ryan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

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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

Full Name (Last, First, Middle Initial) <b>A. Schultz Debbie Wasserman</b>		<b>Transaction ID:</b> 28031-5597040057182 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address 1071 Twin Branch Lane		Amount of Each Disbursement this Period 2500.00
City Weston State FL Zip Code 33326	Purpose of Disbursement 2008 Primary Candidate Name Debbie Wasserman Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stabenow for US Senate</b>		<b>Transaction ID:</b> 28031-9273797869682 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 2500.00
City East Lansing State MI Zip Code 48826	Purpose of Disbursement 2012 Primary Candidate Name Deborah Stabenow 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) ▼	
Category/Type 011		
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tim Bishop for Congress</b>		<b>Transaction ID:</b> 31239-3043939471244 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 0 7
Mailing Address PO Box 437		Amount of Each Disbursement this Period 1000.00
City Farmingville State NY Zip Code 11738	Purpose of Disbursement 2008 Primary Candidate Name Tim Bishop Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

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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

Full Name (Last, First, Middle Initial)

**A.** Whitfield for Congress Committee

Mailing Address PO Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement  
2008 Primary

Candidate Name  
Edward Whitfield

Office Sought:  House  
 Senate  
 President

State: KY District: 01

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 28031-2290002703666

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

1500.00

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

1500.00

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

134000.00