

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 04 01 2009 through 04 30 2009

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

Type or Print Name of Treasurer Carlton Davids

Signature of Treasurer Electronically Filed by Carlton Davids Date 05 19 2009

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	124426.90									
(c) Total Receipts (from Line 19)	49111.50	148946.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	173538.40	291668.19								
7. Total Disbursements (from Line 31)	61268.16	179397.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	112270.24	112270.24								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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	38770.89	110059.99
(i) Itemized (use Schedule A)	8997.03	35318.04
(ii) Unitemized	47767.92	145378.03
(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)	47767.92	145378.03
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)	1343.58	3568.80
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))	49111.50	148946.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49111.50	148946.83

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.....	1268.16	3397.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1268.16	3397.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	60000.00	176000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(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	0.00
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))..	61268.16	179397.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61268.16	179397.95

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	47767.92	145378.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47767.92	145378.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1268.16	3397.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	1343.58	3568.80
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-75.42	-170.85

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

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

FOR LINE NUMBER: PAGE 6 / 43
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

A. Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.
Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60015-1857

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

Name of Employer Occupation
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	1	/	2	0	0	9

Transaction ID: 4017b7516b1b91e7b280
 Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Jay H. Alexander, M.D., F.A.
Mailing Address 2256 Carlyle Court

City State Zip Code
Buffalo Grove IL 60015-1857

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

Name of Employer Occupation
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	3	0	/	2	0	0	9

Transaction ID: 41e0baf168be9755cc12
 Amount of Each Receipt this Period
 200.00

C. Full Name (Last, First, Middle Initial)
Rene J. Alvarez, Jr., M.D.,
Mailing Address 425 McKean Drive

City State Zip Code
Wexford PA 15090-7327

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

Name of Employer Occupation
University of Pittsburgh Medial Center HEART FAILURE/TRANSPLANT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 273.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	3	/	2	0	0	9

Transaction ID: 43bd9110620d05868f84
 Amount of Each Receipt this Period
 91.00

SUBTOTAL of Receipts This Page (optional) ► 491.00

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 / 43
(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 Russell Bailey, M.D., F.A.

Mailing Address 1718 E 4th Street Suite 501

City State Zip Code
Charlotte NC 28204-3197

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation
ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
04 / 06 / 2009

Transaction ID: fcd62454d709eb05dcb

Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 West 89th Street

City State Zip Code
Leawood KS 66206-1629

FEC ID number of contributing federal political committee. C

Name of Employer Cardiovascular Consultants, PC Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 46f680727cba6e085cdd

Amount of Each Receipt this Period 50.00

C. Full Name (Last, First, Middle Initial)
Jennifer Ray Beckman, CAE, MBA

Mailing Address 3208 East Colonial Drive Suite 264

City State Zip Code
Orlando FL 32803-5127

FEC ID number of contributing federal political committee. C

Name of Employer Florida Chapter, American College of C Occupation
Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
04 / 06 / 2009

Transaction ID: b05285060c6113aa091

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 1550.00

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 / 43
(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)
Gregory G. Bishop, M.D., F.A.

Mailing Address 2 Palisades Drive
Executive Woods Prime Care Physici

City Albany State NY Zip Code 12205

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 04 / 29 / 2009
Transaction ID: 0f6d9122586bb21e83e
Amount of Each Receipt this Period 250.00

B.

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

Mailing Address #10 Quail Hollow

City Henderson State NV Zip Code 89014-2143

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 ▼ 240.00

Date of Receipt 04 / 08 / 2009
Transaction ID: ac23d2a64e93fc98499
Amount of Each Receipt this Period 240.00

C.

Full Name (Last, First, Middle Initial)
Kenneth P. Brin, M.D., Ph.D

Mailing Address 528 Castle Wynd Drive

City Loves Park State IL Zip Code 61111-8967

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 ▼ 500.00

Date of Receipt 04 / 08 / 2009
Transaction ID: d69f1c9c862ec70e867
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 990.00

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 / 43
(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)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City San Francisco State CA Zip Code 94127-2554

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

Name of Employer Oakland Kaiser Medical Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 03 / 2009

Transaction ID: 4950a53cd8800189aec3

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City Naperville State IL Zip Code 60563

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

Name of Employer Midwest Heart Specialists-Edward Heart Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2009

Transaction ID: 4133b42f103dab4660c1

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
John E. Brush, Jr., M.D.,

Mailing Address 1426 North Woodhouse

City Virginia Beach State VA Zip Code 23502-3927

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

Name of Employer Cardiology Consultants, Ltd. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 66a398dd2bb7abb924e

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1200.00

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 / 43
	<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) Jeffrey S. Carstens, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 9728 Brentwood Road	Transaction ID: 3645e3d49f5c11f91f8
	City State Zip Code Omaha NE 68114-4925	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Consultants in Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Hollace D. Chastain, II, M.D.,	Date of Receipt MM / DD / YYYY 04 / 01 / 2009
	Mailing Address 1819 Breamar Drive	Transaction ID: 44e4a98c488e68b54d09
	City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00
	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Hollace D. Chastain, II, M.D.,	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1819 Breamar Drive	Transaction ID: 49c6addaee5b09a56050
	City State Zip Code Fort Wayne IN 46814-9364	Amount of Each Receipt this Period 100.00
	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 ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1200.00
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 / 43
(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, III, M.D.,
Mailing Address 95 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033-2545

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: 4adaa15cc6c5c4fca427

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Craig B. Clark, D.O., F.A.
Mailing Address 6748 Bramwell Court

City State Zip Code
Johnston IA 50131-2824

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

Name of Employer Iowa Health Cardiology
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
0 4 / 2 7 / 2 0 0 9

Transaction ID: F1AB725F-CCEB-4351-

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Tyrone J. Collins, M.D., F.A.
Mailing Address 6047 Coliseum Street

City State Zip Code
New Orleans LA 70118-5925

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 4a0e6b0413f33cf0415

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 43
(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)
Bruce E. Coplin, M.D., F.A.
Mailing Address 2 Palisades Drive

City Albany State NY Zip Code 12205-1438

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: 04 / 06 / 2009
Transaction ID: 4f6441df819152a1b39
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
George H. Crossley, III, M.D.,
Mailing Address 276 Stratton Court

City Brentwood State TN Zip Code 37027-4228

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

Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1167.00

Date of Receipt: 04 / 09 / 2009
Transaction ID: 4345ae15a110ee7b5f61
Amount of Each Receipt this Period: 167.00

C. Full Name (Last, First, Middle Initial)
Jonathan M. DeSantis, M.D., F.A.
Mailing Address PO Box 15016

City Albany State NY Zip Code 12212-5016

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

Name of Employer Albany Assoc. Card. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 06 / 2009
Transaction ID: c6c0154a92f6e41c38e
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 667.00

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 / 43
	<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) Yuri A. Deychak, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 10 Floral Park Court	Transaction ID: eec4155f4cb46346ec0
	City State Zip Code Gaithersburg MD 20817-1830	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Maryland Heart, P.C. ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) John U. Doherty, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 08 / 2009
	Mailing Address 432 Pine Street	Transaction ID: 73791dc7b2eaab041f4
	City State Zip Code Philadelphia PA 19106-4214	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed 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) James T. Dove, M.D., M.A.	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address #7 East Shore Lane	Transaction ID: 8095fd9904a714eb75d
	City State Zip Code Springfield IL 62701-1034	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Prairie Cardiovascular Consultants, Lt ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2250.00
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 14 / 43
(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)
Daniel Edmundowicz, M.D., F.A.

Mailing Address 3144 Henrich Farm Lane

City Allison Park State PA Zip Code 15101-1512

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

Name of Employer University of Pittsburgh Medical Centre Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 0f36e49aa845a843f29

Amount of Each Receipt this Period 250.00

B.

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

Mailing Address 110 Rio Grande Drive

City Mission State TX Zip Code 78572-7419

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

Name of Employer Heart Clinic, P.A. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 095080803cc7b9a82fb

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Steven R. Fera, M.D., F.A.

Mailing Address 30 Tomahawk Trail

City Wakefield State RI Zip Code 02879

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

Name of Employer S County Cardiology Assocs Inc Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 6a07b96fee0c7ecf629

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 15 / 43
(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 D. Filippone, M.D., F.A.
Mailing Address 284 Hudson Avenue

City Albany State NY Zip Code 12210-1800

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

Name of Employer Albany Associates in Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009
Transaction ID: 8a69a5a3ca424ccb430
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Kevin Fitzpatrick
Mailing Address 1441 Windrow Lane

City Yardley State PA Zip Code 19067

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

Name of Employer Self-Employed Occupation Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 04 / 20 / 2009
Transaction ID: 4c798cedceae2bd7b8b
Amount of Each Receipt this Period 85.00

C. Full Name (Last, First, Middle Initial)
Perry A. Frankel, M.D., F.A.
Mailing Address 6 Fairway Road

City Roslyn State NY Zip Code 11576-1011

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 04 / 08 / 2009
Transaction ID: b1948a181db4c0d6044
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **835.00**

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 / 43

(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) Gordon L. Fung, M.D., F.A.		Date of Receipt
	Mailing Address 1600 Divisadero Street, C-244 Box 1609		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 8 / 2 0 0 9
	City	State	Zip Code
	San Francisco	CA	94115-3010
	FEC ID number of contributing federal political committee. C		Transaction ID: 4b7697eaeaf0e0ffff89
Name of Employer UCSF Medical Center at Mt. Zion		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 ▼ 273.00	<input type="text"/> 91.00

B.	Full Name (Last, First, Middle Initial) Gerrie Gardner, D.O., F.A.		Date of Receipt
	Mailing Address 2693 Ford Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Cheyenne	WY	82009-8509
	FEC ID number of contributing federal political committee. C		Transaction ID: d5996e43de908f8a2dc
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 ▼ 350.00	<input type="text"/> 350.00

C.	Full Name (Last, First, Middle Initial) Christopher B. Granger, M.D., F.A.		Date of Receipt
	Mailing Address 8020 Willardville Station Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 4 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Bahama	NC	27705-3976
	FEC ID number of contributing federal political committee. C		Transaction ID: ae5910f6fde9a465554
Name of Employer Duke Clinical Research Institute		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 ▼ 250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional) ▶

691.00

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 / 43
	(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) Frederick L. Grover, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 3000 E Cedar Avenue #10 12631 E 17th Avenue MS C305	Transaction ID: a867af91a07a8a06201
	City State Zip Code Denver CO 80045	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University of Colorado at Denver and H Occupation CARDIOVASC. SURG. 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) Robert A. Guyton, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 03 / 2009
	Mailing Address 3286 Northside Parkway #901	Transaction ID: 652e09a17707527aec7
	City State Zip Code Atlanta GA 30322-1013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Emory Clinic, Inc. Occupation CARDIOVASC. SURG. 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) David J. Hale, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 27 / 2009
	Mailing Address 611 Lake Road	Transaction ID: 783c746fedc09b97db7
	City State Zip Code Glen Ellyn IL 60137-4249	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiovascular Associates SC 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 18 / 43

(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) Kevin K. Hart, M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 7 / 2 0 0 9		
	Mailing Address 1054 Lake Drive Clear Lake		Transaction ID: 42F91939-41E9-4361-		
	City Fremont	State IN	Zip Code 46737	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	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 ▼ 500.00			

B.	Full Name (Last, First, Middle Initial) Rick Hays		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 9		
	Mailing Address Heart House 2400 N Street Northwest		Transaction ID: d6c5b20ebd9896d4bbf		
	City Washington	State DC	Zip Code 20037-1152	Amount of Each Receipt this Period 250.00	
	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 ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Juan M. Igartua Ponton, M.D., F.A.		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 9		
	Mailing Address Inst. San Pablo, Suite 401		Transaction ID: bf8f5dba2f72b5607cb		
	City Bayamon	State PR	Zip Code 00961	Amount of Each Receipt this Period 84.00	
	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 ▼ 420.00			

SUBTOTAL of Receipts This Page (optional) ▶

834.00

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 / 43
(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)
Juan M. Igartua Ponton, M.D., F.A.

Mailing Address Inst. San Pablo, Suite 401

City State Zip Code
Bayamon PR 00961

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 ▼
420.00

Date of Receipt
MM / DD / YYYY
04 / 10 / 2009

Transaction ID: ed1b6ddefa154e2f3af

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Dipti Itchhaporia, M.D., F.A.

Mailing Address 355 Placentia Avenue

City State Zip Code
Newport Beach CA 92663-3313

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 1dbae6e3642993cd1a5

Amount of Each Receipt this Period
1000.00

C.

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

Mailing Address 7190 S Espana Way

City State Zip Code
Aurora CO 80016-2138

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
04 / 28 / 2009

Transaction ID: abe33b8f34e58408b4a

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1334.00**

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 20 / 43
(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 H. Kadish, M.D., F.A.

Mailing Address 9400 Avers
251 E Huron

City State Zip Code
Evanston IL 60203

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

Name of Employer Northwestern Memorial Hospital
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
04 / 27 / 2009

Transaction ID: c72d714cac84a2b9afc

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
Sanjay Kaul, M.B.B.S.,

Mailing Address 5th Floor S Twr Room #5536
8700 Beverly Boulevard

City State Zip Code
Los Angeles CA 90048-1804

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

Name of Employer Cedars-Sinai Medical Center
Occupation INTERNAL MED.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 97d91685f1535368595

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Gregory Ashley Kelly, M.D.

Mailing Address 21 Cobble Hill Drive

City State Zip Code
Gansevoort NY 12831-2525

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

Name of Employer Glens Falls Associates in Cardiology/
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2009

Transaction ID: 64fb611000c9393e142

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: (check only one)	PAGE 21 / 43
	<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) Jerry D. Kennett, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 1101 Canterbury Drive		Transaction ID: 81172e9a304b8bb8fd1		
	City Columbia	State MO	Zip Code 65203-5217	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Missouri Cardiovascular Specialists	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 2500.00		

B.	Full Name (Last, First, Middle Initial) Shahabuddin Khan, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 20 / 2009		
	Mailing Address 7619 Victory Gallup Street		Transaction ID: 4452a3eb79aaed0b5c5c		
	City Las Vegas	State NV	Zip Code 89131-4125	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nevada Heart & Vascular Center	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 252.00		

C.	Full Name (Last, First, Middle Initial) Francis J. Kiernan, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 08 / 2009		
	Mailing Address 62 Meadow Ridge		Transaction ID: 94459e67ea78d9636f5		
	City Avon	State CT	Zip Code 06001-3672	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hartford Cardiac Lab., PC	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 365.00		

SUBTOTAL of Receipts This Page (optional)	2949.00
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 22 / 43
	<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) Alice Y. Kim, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 9 Academy Road		Transaction ID: 92023ed81a813675215		
	City Albany	State NY	Zip Code 12205-1438	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Albany Associates in Cardiology	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Judith C. Lenane, RN		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 650 Townsend Street Suite 380		Transaction ID: d5c92d76465c40ba356		
	City San Francisco	State CA	Zip Code 94103-6248	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer IRHYTHM Technologies	Occupation Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) Roger F. Leonard, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address 11706 Split Tree Circle		Transaction ID: 44fab7040699d850e477		
	City Potomac	State MD	Zip Code 20832-1514	Amount of Each Receipt this Period 91.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Montgomery General Hospital	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 273.00			

SUBTOTAL of Receipts This Page (optional)	▶	1341.00
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 23 / 43

(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)

Melchor N. Lim, M.D., F.A.

Mailing Address 4005 W 32nd Avenue

City State Zip Code
Stillwater OK 74074-4321

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

Name of Employer Occupation
Cardiology Specialist of ADULT CARDIOLOGY
Still

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 96ab1dab43dbb0f0e7f

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)

Michael Marmulstein, M.D., F.A.

Mailing Address 32 Tamarack Drive

City State Zip Code
Delmar NY 12054-2920

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

Name of Employer Occupation
Self-Employed INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: efe648f568aafc5dc79

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

Christopher M. Marowski, M.D.

Mailing Address 7335 N River Road

City State Zip Code
River Hills WI 53217-3320

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 74b3a4d36af0716c34a

Amount of Each Receipt this Period
300.00

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 24 / 43
	<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) Randall C. Marsh, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 10 / 2009		
	Mailing Address 1919 19th Avenue		Transaction ID: 5633de768c7f921fe39		
	City Greeley	State CO	Zip Code 80631-5209	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.00		
	Name of Employer North Colorado Cardiology		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Michael J. Martinelli, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 06 / 2009		
	Mailing Address 33 Greyledge Drive		Transaction ID: d22bde07b10fd9409ba		
	City Albany	State NY	Zip Code 12211-2055	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Albany Associates in Card.		Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) David Crockett May, M.D., Ph.D		Date of Receipt MM / DD / YYYY 04 / 03 / 2009		
	Mailing Address 953 Creek Crossing		Transaction ID: 39b739f8f9a9aa7b8b0		
	City Coppell	State TX	Zip Code 75067-3624	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Cardiovascular Specialist-s, PA		Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
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 / 43
(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)
Steven L. McCormick, M.D., F.A.
 Mailing Address 2930 Chesterfield Avenue
 City State Zip Code
 Charleston WV 25304-1062
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 0 6 / 2 0 0 9
Transaction ID: 940d4804a01de1eb5de
 Amount of Each Receipt this Period
 1000.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

B. Full Name (Last, First, Middle Initial)
Thomas L. McKiernan, M.D., F.A.
 Mailing Address 156 E St. Charles Road
 City State Zip Code
 Elmhurst IL 60126-3424
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 0 / 2 0 0 9
Transaction ID: 347e4e1b45ddac4b26f
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Loyola University-Stitch School of Me ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

C. Full Name (Last, First, Middle Initial)
Michael J. Mirro, M.D., F.A.
 Mailing Address 2005 Prestwick Lane
 City State Zip Code
 Fort Wayne IN 46814-9317
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 3 0 / 2 0 0 9
Transaction ID: 455e9a4520dfa6fc3e4d
 Amount of Each Receipt this Period
 100.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Fort Wayne Cardiology Corporation ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

SUBTOTAL of Receipts This Page (optional) ► 1465.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 43
(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)
Alberto E. Montalvo, M.D., F.A.

Mailing Address 5928 Riverview Boulevard

City Bradenton State FL Zip Code 34205-8805

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

Name of Employer Bradenton Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 395268b4de8c016f654

Amount of Each Receipt this Period 1000.00

B.

Full Name (Last, First, Middle Initial)
Ali Nasser, M.B.B.S.,

Mailing Address 2930 Southeast 31st

City Ocala State FL Zip Code 34471-6287

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

Name of Employer Central Florida Heart Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 04 / 27 / 2009

Transaction ID: b7e29ca08beed280140

Amount of Each Receipt this Period 365.00

C.

Full Name (Last, First, Middle Initial)
Harry C. Odabashian, Jr., M.D.,

Mailing Address 4 Norwood Drive

City Albany State NY Zip Code 12205-1441

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

Name of Employer Albany Assoc. Card. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2009

Transaction ID: f6bdecaca6dd787e84f

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **2365.00**

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 27 / 43
(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)
Roger C. On, M.D., F.A.

Mailing Address 4835 Van Nuys Boulevard, #114

City Sherman Oaks State CA Zip Code 91403-2137

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

Name of Employer Valley Cardiovascular Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 03 / 2009

Transaction ID: eb48227d2cb34c3876e

Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Ross C. Peterson, M.D., F.A.

Mailing Address 4205 Woodbrook Landing

City Erie State PA Zip Code 16506-7017

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

Name of Employer Consultants in Cardiovascular Diseases Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt: MM / DD / YYYY
04 / 11 / 2009

Transaction ID: 4d78bd7eb63342f25c2f

Amount of Each Receipt this Period: 91.00

C. Full Name (Last, First, Middle Initial)
Robert S. Phang, M.D., F.A.

Mailing Address 47 Fields End Drive

City Glenmont State NY Zip Code 12205-1438

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

Name of Employer Albany Associates in Cardiology St. Pet Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
04 / 06 / 2009

Transaction ID: 4465038898d044cfca1

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **591.00**

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 28 / 43
(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 L. Phillip, M.D., F.A.
Mailing Address 2 Palisades Drive

City Albany State NY Zip Code 12205-1438

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

Name of Employer Albany Assn. Card. Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 06 / 2009
Transaction ID: 1136a1892b6f47bb0b4
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Alfonso F.J. Prieto, M.D., F.A.
Mailing Address 4 Atrium Drive

City Albany State NY Zip Code 12205-1441

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

Name of Employer Albany Associates in Card-iology Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 29 / 2009
Transaction ID: 55dbded87da3623ff13
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
R. Kirby Primm, M.D., F.A.
Mailing Address 3077 Fircrest Place

City Wenatchee State WA Zip Code 98801-8816

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

Name of Employer Wenatchee Valley Clinic Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 10 / 2009
Transaction ID: caef3088d3c611f4b45
Amount of Each Receipt this Period: 400.00

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 29 / 43
(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)
Sergio V. Rapisarda, M.D., F.A.

Mailing Address 79 Brown Road

City Stillwater State NY Zip Code 12205-1438

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

Name of Employer Prime Care Physicians PLLC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 06 / 2009
Transaction ID: 26ebbf71e0cb022e3cf
 Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Russell E. Raymond, D.O., F.A.

Mailing Address 592 Williamsburg Drive

City Cleveland State OH Zip Code 44143-2060

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

Name of Employer The Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 08 / 2009
Transaction ID: b023767eaa60f82dbff
 Amount of Each Receipt this Period: 240.00

C.

Full Name (Last, First, Middle Initial)
Eric S. Roccario, M.D., F.A.

Mailing Address 2 Candlestick Lane

City Averill Park State NY Zip Code 12018-9577

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: 04 / 06 / 2009
Transaction ID: de927683ed6e9d39b7d
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **740.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 43
(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)
George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Drive

City Austin State TX Zip Code 78746-2950

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 ▼ 254.00

Date of Receipt 04 / 16 / 2009

Transaction ID: 447a86f8494964ce1906

Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Robert L. Rothbard, M.D., F.A.

Mailing Address 2000 Viaduct Tuscany

City Winter Park State FL Zip Code 32804-5506

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

Name of Employer Cardiology Consultants Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 03 / 2009

Transaction ID: 6aea3974640b6c0df34

Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
A. Allen Seals, M.D., F.A.

Mailing Address 113 Teal Pointe Lane

City Ponte Vedra Beach State FL Zip Code 32216-4225

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

Name of Employer Baker & Gilmour Crdvsclr Institute Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 03 / 2009

Transaction ID: 54d293dec6c2bc8ea84

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1584.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 43
	<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) George L. Smith, Jr., M.D.,	Date of Receipt MM / DD / YYYY 04 / 08 / 2009
	Mailing Address 3536 Mendocino Avenue Suite 200	Transaction ID: 2990e5b4fcf9e01447f
	City State Zip Code Santa Rosa CA 95403-3634	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Guillermo E. Sosa-Suarez, F.A.C.C.	Date of Receipt MM / DD / YYYY 04 / 29 / 2009
	Mailing Address 8 Cherryvale Boulevard	Transaction ID: fafbc8c0bb96e4fda52
	City State Zip Code Slingerlands NY 12159-9373	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	

C.	Full Name (Last, First, Middle Initial) Robert L. Steele, M.D., F.A.	Date of Receipt MM / DD / YYYY 04 / 06 / 2009
	Mailing Address 1865 Superior Road	Transaction ID: 632ecb059825b7166a1
	City State Zip Code Ypsilanti MI 48106-0971	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Michigan Heart, P. C. Michigan Heart & Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
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 32 / 43
(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)
Robert L. Steele, M.D., F.A.

Mailing Address 1865 Superior Road

City Ypsilanti State MI Zip Code 48198-9645

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

Name of Employer Michigan Heart, P. C. Michigan Heart & Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 04 / 16 / 2009

Transaction ID: f0525883c3abd75d281

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Louis E. Teichholz, M.D., F.A.

Mailing Address 30 Prospect Avenue

City Hackensack State NJ Zip Code 07601-1914

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

Name of Employer Hackensack Univ. Med. Ctr. Division of Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2009

Transaction ID: f54fe02af555071228f

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
Ganpat G. Thakker, M.B.B.S.,

Mailing Address 3100 Maccorkle Avenue Suite 902

City Charleston State WV Zip Code 25304-1234

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

Name of Employer Advanced Cardio-Vascular Services, P.L Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 06 / 2009

Transaction ID: 68dc6ff12d350133a37

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1700.00

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 33 / 43
(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)
Anthony R. Turi, Jr., M.D.,
Mailing Address 85 Brownrigg Road

City State Zip Code
Feura Bush NY 12067-1800

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
04 / 06 / 2009
Transaction ID: 84635818f1e322e7f61
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ernesto Umana, M.D., F.A.
Mailing Address 1238 Skip Wells Court

City State Zip Code
Tallahassee FL 32312-1064

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

Name of Employer Southern Medical Group Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2009
Transaction ID: 330DBE0B-9EE9-428A-
Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Paul L. Urban, M.D., F.A.
Mailing Address 2875 Southwest 53rd Street

City State Zip Code
Ocala FL 34471-7865

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

Name of Employer Ocala Interventional CardiologyORMC Ca Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt
MM / DD / YYYY
04 / 03 / 2009
Transaction ID: 4202807b0f72be4658bb
Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ▶ **634.00**

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 34 / 43
(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)
C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Road
2410 Atherholt Road

City Lynchburg State VA Zip Code 24501-2148

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: 46e69df3a37ce29bb2cd

Amount of Each Receipt this Period
91.00

B.

Full Name (Last, First, Middle Initial)
Ramakrishna P. Vallurupalli, M.D., F.A.

Mailing Address 1930 Shadow Wood Court

City Chesterfield State MO Zip Code 63017-5442

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
M M / D D / Y Y Y Y Y
0 4 / 0 8 / 2 0 0 9

Transaction ID: 4449423822bb25ea6d4

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Hector O. Ventura, M.D., F.A.

Mailing Address 1514 Jefferson Highway

City New Orleans State LA Zip Code 70121-2429

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

Name of Employer Ochsner Clinic Foundation-
Dept of Cardi 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
0 4 / 0 6 / 2 0 0 9

Transaction ID: 748facce1de93477421

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **841.00**

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 35 / 43
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 R. Vetter, M.D., F.A.

Mailing Address 5301 F Street Suite 117

City State Zip Code
Sacramento CA 95819-3220

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: e7706da438d7bfcac3b

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 2400 N Street, Northwest

City State Zip Code
Washington DC 20037-1153

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

Name of Employer American College of Cardiology Occupation
ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: 118ba51ce49227243c7

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Road

City State Zip Code
Hattiesburg MS 39402-9055

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

Name of Employer Southern Heart Center Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: 463196b157be8ef4423c

Amount of Each Receipt this Period
91.00

SUBTOTAL of Receipts This Page (optional) ▶ **641.00**

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 36 / 43
	<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) Howard T. Walpole, Jr., M.D.,		Date of Receipt MM / DD / YYYY 04 / 03 / 2009
Mailing Address 31 Northumberland		Transaction ID: 411b9f84030066bea64c
City Nashville	State TN	Zip Code 37215-4123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 454.55
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1363.65	

B.

Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 01 / 2009
Mailing Address 428 West 83rd Place		Transaction ID: 42b8bbe193f6b0dbd66e
City Indianapolis	State IN	Zip Code 46260-1992
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.

Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.		Date of Receipt MM / DD / YYYY 04 / 29 / 2009
Mailing Address 428 West 83rd Place		Transaction ID: 47869bd8298d8ac24fb2
City Indianapolis	State IN	Zip Code 46260-4905
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer The Care Group LLC	Occupation HEART FAILURE/TRANSPLANT	
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)	654.55
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 37 / 43
(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)
Michael C. Widmer, M.D., F.A.
 Mailing Address 2753 Northeast Red Oak Drive
 City State Zip Code
 Bend OR 97708-6419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00
 Date of Receipt 04 / 03 / 2009
Transaction ID: 4fc0b81d04dcc35dde0a
 Amount of Each Receipt this Period 91.00

B. Full Name (Last, First, Middle Initial)
Kim Allan Williams, M.D., F.A.
 Mailing Address 233 East 13th Street #1905
 City State Zip Code
 Chicago IL 60637
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University of Chicago Sections of Card Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt 04 / 06 / 2009
Transaction ID: 163aaa7a125d0632b9e
 Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Joseph S. Wilson, Jr., M.D.,
 Mailing Address 755 Mount Vernon Highway Suite 530
 City State Zip Code
 Atlanta GA 30328-4287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiology of Georgia, P.-C. Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00
 Date of Receipt 04 / 03 / 2009
Transaction ID: 43b68a321786a02f5053
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 1291.00
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 38 / 43
(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
							17

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

A. Full Name (Last, First, Middle Initial)
Stuart A. Winston, D.O., F.A.

Mailing Address 3055 Cottontail Court

City Ann Arbor State MI Zip Code 48103-1775

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

Name of Employer Michigan Heart, P. C. Michigan Heart & Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 04 / 16 / 2009
Transaction ID: 6ad65f204deb24671d3
Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Patrick J. Withrow, M.D., F.A.

Mailing Address 2501 Kentucky Avenue

City Paducah State KY Zip Code 42003-3813

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

Name of Employer Western Baptist Church Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 16 / 2009
Transaction ID: 9bf9c69669154051971
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
David G. Wolinsky, M.D., F.A.

Mailing Address 4 Atrium Drive

City Albany City State NY Zip Code 12205-1441

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

Name of Employer Albany Associates and Cardiology Occupation NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 06 / 2009
Transaction ID: fbcb448461f0af823b8
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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 39 / 43

(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 J. Wolk, M.D., M.A.

Mailing Address 876 Park Avenue

City

New York

State

NY

Zip Code

10021-8722

FEC ID number of contributing federal political committee.

C

Name of Employer
New York Cardiology Associates

Occupation
ADULT CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.01

Date of Receipt

MM / DD / YYYY
04 / 07 / 2009

Transaction ID: 42e6b0ae264ef01c4242

Amount of Each Receipt this Period

83.34

B.

Full Name (Last, First, Middle Initial)

Richard F. Wright, M.D., F.A.

Mailing Address 1038 South Carmelina Avenue
2001 Santa Monica Boulevard

City

Los Angeles

State

CA

Zip Code

90404-2172

FEC ID number of contributing federal political committee.

C

Name of Employer
Pacific Heart Institute

Occupation
ADULT CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
04 / 03 / 2009

Transaction ID: 49cbbe7b27e9687c40e9

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Shahram Yazdani, M.D., F.A.

Mailing Address 878 Alvermar Ridge Drive

City

McLean

State

VA

Zip Code

22102-1435

FEC ID number of contributing federal political committee.

C

Name of Employer
Virginia Cardiovascular Associates, PC

Occupation
ADULT CARDIOLOGY

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

MM / DD / YYYY
04 / 11 / 2009

Transaction ID: 4fc7af98476c49043249

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

367.34

TOTAL This Period (last page this line number only)

38770.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 40 / 43	
	(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		Date of Receipt																					
	Mailing Address P.O. Box 85024		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	5		2	0	0	9														
	City State Zip Code Richmond VA 23285-5024		Transaction ID: e9396eb8d329b56bbb6																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1343.58																					
Name of Employer Occupation		Reimburse. for March Amex and April Merchant Fees																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3568.80																						

SUBTOTAL of Receipts This Page (optional)	▶	1343.58
TOTAL This Period (last page this line number only)	▶	1343.58

**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 April 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: V6d67cf1b91f7f23d8ee Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 224.41
	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) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement April 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: M597958053370c651678 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1043.75
	Category/Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1268.16

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

1268.16

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) Democratic Congressional Campaign Committee	Transaction ID: ad27c2288496efac83f Date of Disbursement
	Mailing Address 430 South Capitol Street, SE 2nd Floor	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="15000.00"/>
	Candidate Name Democratic Congressional Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	

B.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 53eccef9a6264e74519 Date of Disbursement
	Mailing Address 120 Maryland Avenue NE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="15000.00"/>
	Candidate Name Democratic Senatorial Campaign Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	

C.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 8231fe5f5e3a1a71c19 Date of Disbursement
	Mailing Address 320 First Street SE	<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement 2009 Contribution	<input type="text" value="15000.00"/>
	Candidate Name National Republican Congressional Committee	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="45000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 43 / 43

<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)

National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2009 Contribution

Candidate Name
National Republican Senatorial Committee

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼
Contribution

Transaction ID: 3bc799a8150c305c5a1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	0	9

Amount of Each Disbursement this Period

15000.00

011
Category/ Type

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

60000.00