

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 07 01 2007 through 07 31 2007

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

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 08 08 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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 .....	329413.00									
(c) Total Receipts (from Line 19) .....	12436.92	226389.45								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	341849.92	610983.85								
7. Total Disbursements (from Line 31) .....	10474.12	279608.05								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	331375.80	331375.80								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8981.00	171323.08
(i) Itemized (use Schedule A) .....	3052.00	49209.41
(ii) Unitemized .....	12033.00	220532.49
(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) .....	12033.00	220532.49
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) .....	403.92	5856.96
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)) .....	12436.92	226389.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12436.92	226389.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<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.....	474.12	5828.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	474.12	5828.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	10000.00	273129.84
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))..	10474.12	279608.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	10474.12	279608.05

**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) .....	12033.00	220532.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12033.00	219882.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	474.12	5828.21
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	403.92	5856.96
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	70.20	-28.75

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 20
	(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

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)  
Jonathan Abrams

Mailing Address 705 Morningside Drive Northeast

City State Zip Code  
Albuquerque NM 87106-2745

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

Name of Employer Occupation  
Univ of New Mexico Schl of MedcnDiv of ADULT CARDIOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2007

Transaction ID: a02f1da9ec674306aa0d

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jay Alexander

Mailing Address 2151 Waukegan Road #100

City State Zip Code  
Bannockburn IL 60015-1884

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

Name of Employer Occupation  
North Shore Cardiologists ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2800.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2007

Transaction ID: 080207-VSJF1B3FC70E

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mirza Ashraf

Mailing Address 1001 West Street Road

City State Zip Code  
Carthage NY 13619

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) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2007

Transaction ID: 978e6437d20f49d39d0a

Amount of Each Receipt this Period  
500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>950.00</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 / 20
	<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. Timothy Bateman</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2007	
Mailing Address 4330 Wornall Road Suite 2000		<b>Transaction ID: 080207-VSHF1B3BC121</b>	
City State Zip Code Kansas City MO 64111-5939	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiovascular Consultants, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B. Alan Brown</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 4th Floor Edwards Heart Hospital 801 S Washington Street		<b>Transaction ID: 080207-VSJF1B3F610A</b>	
City State Zip Code Naperville IL 60567	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C. John Brush</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2007	
Mailing Address 844 Kempsville Road #204		<b>Transaction ID: 080207-VUHF1B92D995</b>	
City State Zip Code Norfolk VA 23502-3927	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 3000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<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 / 20
	<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 07 / 30 / 2007	
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> 080207-VSHF1B3F6103	
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. <b>C</b>			
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Bernard Clark		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2007	
Mailing Address 114 Woodland Street		<b>Transaction ID:</b> 080207-VSJF1B3BC129	
City State Zip Code Hartford CT 06105-1208	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Leslie Fleischer		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 17 Bayshore Drive		<b>Transaction ID:</b> f0d57174270a4d8eb74b	
City State Zip Code Shalimar FL 32547-6707	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer White Wilson Medical Center	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) ..... ▶	650.00
<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 / 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<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)  
Linda Gillam

Mailing Address 55 Old Farm Rd

City Hamden State CT Zip Code 06517-1615

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

Name of Employer Columbia University Medical Center Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 18 / 2007

Transaction ID: 0abc01ee958a4ccd8c84

Amount of Each Receipt this Period  
 112.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Greenan

Mailing Address 9418 Balfour Drive

City Bethesda State MD Zip Code 20814-1616

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

Name of Employer American College of Cardiology Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 18 / 2007

Transaction ID: 9d748bf3288349d1ac21

Amount of Each Receipt this Period  
 114.00

**C.** Full Name (Last, First, Middle Initial)  
Walid Haddad

Mailing Address 1705 Wildwood

City Shawnee State OK Zip Code 74804-1803

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  
 07 / 18 / 2007

Transaction ID: 93d8a1d6a1d54707820c

Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	726.00
<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 / 20
	<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> Harish Koolwal		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2007	
Mailing Address 712 E Burng Drive		<b>Transaction ID:</b> f9baa0e2b4164724b7bd	
City McAllen	State TX	Zip Code 78503	Amount of Each Receipt this Period 500.00
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Austin Kutscher		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 21 N Main Street		<b>Transaction ID:</b> 0ddb0435bd5f4ae9b212	
City Flemington	State NJ	Zip Code 08822-1156	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hunterdon Cardiovascular Associates	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.</b> Daniel Lenihan		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 8 Cedar Lawn Circle Faculty Center Building, Unit 449		<b>Transaction ID:</b> e0daae71755d4ef3b9a6	
City Galveston	State TX	Zip Code 77030	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer UT MD Anderson Cancer Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<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 / 20
	<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> Christopher Mallavarapu		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2007
Mailing Address 339 Worth Avenue		<b>Transaction ID:</b> f82ebe88a2094aa29c9c
City State Zip Code Lafayette LA 70508-6636	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	

Full Name (Last, First, Middle Initial) <b>B.</b> Jivan Melikian		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007
Mailing Address 610 N Central Avenue Suite 208		<b>Transaction ID:</b> b4722a1d9da74582a5b7
City State Zip Code Glendale CA 91203-1405	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	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 1819 Carew Street		<b>Transaction ID:</b> 080207-VSHF1B3F6109
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 ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<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 / 20
	<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> William O'Neill		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address 66 Lakeshore Road 1611 Northwest 12th Avenue		Transaction ID: d6d7862f47464c898bfc	
City State Zip Code Grosse Pointe Farm MI 33136	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer University of Miami Division of Cardiol	Occupation INTERVENTIONAL 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>B.</b> Christopher Pallas		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address One 7th Street, Suite 1601		Transaction ID: af04dd4b728d4c5f9d67	
City State Zip Code Augusta GA 30901-5001	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Medical College of Georgia Hosp. and C	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.</b> Anand Pandey		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address 1873 Gaineswood Drive 4401 Watermelon Road		Transaction ID: d027e417324c41709a83	
City State Zip Code Tuscaloosa AL 35473-5197	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cardiology Assoc. of West Alabama, P.C	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) ..... ▶	1250.00
<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 13 / 20
	<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)  
Bradley Personius

Mailing Address 195 Serenity Lane

City State Zip Code  
Grants Pass OR 97526-9756

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

Name of Employer Self-Employed Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

Transaction ID: b2122c0ff9fe49a7aebc

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3300 Duval Road Suite 150

City State Zip Code  
Austin TX 78759-3542

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

Name of Employer Biophysical Corporation Occupation  
ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2007

Transaction ID: 080207-VSHF1B3BC123

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Tracey Roth

Mailing Address 2053 Mission Drive

City State Zip Code  
Naples FL 34109-7108

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

Name of Employer Self-Employed Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 18 / 2007

Transaction ID: 7a484d8d850b484cb0e5

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	835.00
<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 / 20
	<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. Jane Schauer</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 18 / 2007	
Mailing Address 2522 Veranda Rd NW		<b>Transaction ID:</b> a136e3ec82a7456cb380	
City State Zip Code Albuquerque NM 87107-2939	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Heart Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B. Jack Siegel</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 121 Griffith Place		<b>Transaction ID:</b> 6585bafbc1a544d79fdc	
City State Zip Code Los Gatos CA 95124-4107	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Mary Walsh</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 29 / 2007	
Mailing Address 428 West 83rd Place		<b>Transaction ID:</b> 080207-VSHF1B3BC128	
City State Zip Code Indianapolis IN 46260-4905	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Care Group LLCThe Care Group, LLCS	Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	620.00
<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 15 / 20
	<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. Stanislav Weiner</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2007	
Mailing Address 619 S Fleishel Suite 101		<b>Transaction ID:</b> 46397788bb8e4055b1c0	
City State Zip Code Tyler TX 75701-2004	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tyler Cardiovascular Consultants PA	Occupation ELECTROPHYSIOLOGY		
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>B. Steven West</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 14171 Metropolis Avenue Suite 101		<b>Transaction ID:</b> 080207-VSHF1B3F610B	
City State Zip Code Fort Myers FL 33912-4335	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C. John Windsor</b>		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2007	
Mailing Address 310 N 10th Street		<b>Transaction ID:</b> 080207-VSJF1B3F6106	
City State Zip Code Bismarck ND 58501-4516	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
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 ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<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:		PAGE 16 / 20	
	(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"/> 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)  
Samuel Zimmern

Mailing Address 3601 Knapdale Lane

City State Zip Code  
Charlotte NC 28203-5863

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

Name of Employer Occupation  
Sanger Clinic, PA ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	7

Transaction ID: f8785a8775664af39862

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8981.00

**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 17 / 20
	<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 ▼  
5856.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 09 / 2007

**Transaction ID:** 21045-88547915220261

Amount of Each Receipt this Period  
50.65

Reimburse for June 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 ▼  
5856.96

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 09 / 2007

**Transaction ID:** 20579-70177859067917

Amount of Each Receipt this Period  
353.27

Reimburse for Jul. Disc.-/ Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	403.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	403.92

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> V02217-2802698016166 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 31 / 2007
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 120.85
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement July 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> M63901-0830957293510 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 03 / 2007
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 2.09
City New Albany State OH Zip Code 43054	Purpose of Disbursement July 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> M63901-6150018572807 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 07 / 03 / 2007
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 281.70
City Knoxville State TN Zip Code 37920	Purpose of Disbursement July 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

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	404.64
<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 19 / 20

<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  
July Merchant Fees

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: M63901-0114862322807

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

69.48

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

69.48

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

474.12

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 20

<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 Blanche Lincoln</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 34360-3868982195854 <b>Date of Disbursement</b> 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Leadership in the New Century (LINCPAC)</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 124 West Capitol Avenue Suite 630</p> <p>City Little Rock State AR Zip Code 72201</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution</p>		<p><b>Transaction ID:</b> 34360-4382287859916 <b>Date of Disbursement</b> 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Pallone for Congress</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 3176</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2008 General</p> <p>Candidate Name Frank Pallone</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 85250-3611566424369 <b>Date of Disbursement</b> 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>10000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>10000.00</b>