

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, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2009 through 07 31 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 G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 08 20 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.

Table with 8 columns and 1 row for 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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	7

D	D
3	1

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"><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	76382.41									
(c) Total Receipts (from Line 19)	47184.26	289138.58								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	123566.67	431859.94								
7. Total Disbursements (from Line 31)	3704.68	311997.95								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	119861.99	119861.99								
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

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

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	40997.25	228274.72
(ii) Unitemized	4957.07	53700.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	45954.32	281975.02
(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)	45954.32	281975.02
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)	1229.94	7163.56
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))	47184.26	289138.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	47184.26	289138.58

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1204.68	6997.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1204.68	6997.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	305000.00
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))..	3704.68	311997.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3704.68	311997.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	45954.32	281975.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45954.32	281975.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1204.68	6997.95
37. Offsets to Operating Expenditures (from Line 15, page 3)	1229.94	7163.56
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-25.26	-165.61

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 44

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mark Aaron, M.D., F.A.

Mailing Address 2133 Blair Blvd

City State Zip Code
Nashville TN 37212

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

Name of Employer Occupation
The Heart Group/ St. Thomas Heart Inst 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
07 / 22 / 2009

Transaction ID: 7E2DE208-70CB-41DA-

Amount of Each Receipt this Period
1000.00

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) ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2009

Transaction ID: 45BFB42BFEB91BC3B1E

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 Medical Cente HEART FAILURE/TRANSPLANT

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 546.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 03 / 2009

Transaction ID: 4C9DB1258EEE2F73857F

Amount of Each Receipt this Period
91.00

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 7 / 44
(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)
Chikezie Chidiebere Amadi, M.D.

Mailing Address 1512 North Zaragoza Suite C3 and C

City State Zip Code
El Paso TX 79936

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

Name of Employer Southwest Cardiovascular Intervention
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 59B86F90DB7186DE5FB

Amount of Each Receipt this Period
365.00

B.

Full Name (Last, First, Middle Initial)
George F. Aziz, M.D., F.A.

Mailing Address 278 Middaugh Road
2nd Floor

City State Zip Code
Clarendon Hills IL 60514-1067

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

Name of Employer Heart Care Centers of Illinois
Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: 5F6C8D060C40A5CE7C3

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Michael Bailey

Mailing Address 224 Liberty Lake Dr

City State Zip Code
Birmingham AL 35242-7542

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: F488E970BE6EBC33F79

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1730.00**

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 / 44
	(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) John Bajgrowicz, M.D., F.A.		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 4749 Wellington Drive		Transaction ID: 19EB723D0F3FCBEC774
	City Long Grove	State IL	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Timothy M. Bateman, M.D., F.A.		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 3410 West 89th Street		Transaction ID: 4E07ACE0AF6DD4112628
	City Leawood	State KS	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	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	

C.	Full Name (Last, First, Middle Initial) George P. Bekic, D.O., F.A.		Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 502 Cherry Lane		Transaction ID: 7DC7101ABBB757947DC
	City Lumberton	State NC	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Southeastern Cardiology, P.A.		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	

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 44
(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)
Neil Jeffrey Berman, M.D., F.A.

Mailing Address 4 Woods End Gatewood Drive

City Needham State MA Zip Code 02492

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 07 / 15 / 2009

Transaction ID: 7E4014EB49C8B53D34C

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Joel M. Blumberg, M.D., F.A.

Mailing Address 59 Old Stone Bridge Road

City Cos Cob State CT Zip Code 06807-1511

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 ▼ 365.00

Date of Receipt 07 / 29 / 2009

Transaction ID: CF388E3FFE3660D671E

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Ravisankar R. Bolla, M.D., F.A.

Mailing Address 25200 Center Ridge Road S1100

City Westlake State OH Zip Code 44145-4141

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 07 / 15 / 2009

Transaction ID: 5501DB1A8B00E17F60E

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 865.00

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 10 / 44

(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)
Christopher A. Brian, M.D., F.A.

Mailing Address 100 Pilot Medical Drive #300

City State Zip Code
Birmingham AL 35235-3412

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

Name of Employer Occupation
Birmingham Heart Clinic, P.C. 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 Y
07 / 30 / 2009

Transaction ID: 9366E88C76B00206821

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Boulevard

City State Zip Code
San Francisco CA 94127-2554

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

Name of Employer Occupation
Oakland Kaiser Medical Center INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2009

Transaction ID: 42AF8117F79940050B0C

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City State Zip Code
Naperville IL 60563

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: 4562B2BE4CA1BDA9B9C2

Amount of Each Receipt this Period

100.00

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 / 44
(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)
Aliya F. Browne, D.O., F.A.
Mailing Address 22 Hallett Drive

City State Zip Code
Pennington NJ 08534-4015

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

Name of Employer Self-Employed Occupation
GENERAL PRACTICE

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

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: DC6CF0559EFDC96BC8D

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Russell F. Burns, M.D., F.A.
Mailing Address 1773 Lakeshore Drive

City State Zip Code
Abilene TX 79602-5204

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

Name of Employer Abilene Cardiology Consultants Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: 248A3C1ECF0D7A6D5D1

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.
Mailing Address 5740 Hickory Knoll Court

City State Zip Code
Fairview PA 16415-3246

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

Name of Employer St. Vincent Health Center Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 13 / 2009

Transaction ID: 4907817688FB0BBC347E

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 44
(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)
Raj Chanderraj, M.B.B.S.,
Mailing Address 3860 Hildebrand Lane

City State Zip Code
Las Vegas NV 89121-4203

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
07 / 06 / 2009

Transaction ID: B304782B74D70D3DFD1

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Hollace D. Chastain, II, M.D.,
Mailing Address 1819 Breamar Drive

City State Zip Code
Fort Wayne IN 46814-9364

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

Name of Employer Fort Wayne Cardiology Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: 4363A6F3648A0EE0787E

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Joonun Choi, M.D.
Mailing Address 11 Lafayette Court Apt. 4D

City State Zip Code
Greenwich CT 06830-5306

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

Name of Employer The Heart Physicians Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
07 / 28 / 2009

Transaction ID: B6AD35EBB371451D67C

Amount of Each Receipt this Period
365.00

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 13 / 44
(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.,	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 95 Johnny Cake Lane	Transaction ID: 4064A608D2934E79C6F6
	City State Zip Code Glastonbury CT 06033-2545	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
B.	Full Name (Last, First, Middle Initial) Barry H. Cohen, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 455 E 86th St Apt 31A	Transaction ID: 8D7F678B1C100383888
	City State Zip Code New York NY 10028-6489	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer North Shore Internal Medicine Associat	Occupation ADULT CARDIOLOGY	
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) Arthur W. Colbourn, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 104 Haywood Road	Transaction ID: E87D0C106F79BD1B7E5
	City State Zip Code Wilmington DE 19807-1114	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 14 / 44
	<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 H. Crossley, III, M.D.,	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 276 Stratton Court	Transaction ID: 4E49AFE11F24D379513B
	City State Zip Code Brentwood TN 37027-4228	Amount of Each Receipt this Period 167.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Thomas Heart	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1668.00	

B.	Full Name (Last, First, Middle Initial) James A. Diggs, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 17 / 2009
	Mailing Address 75 S Street Northwest	Transaction ID: 4493B0D069A38E9F230A
	City State Zip Code Washington DC 20001-1127	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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Christopher J. Downs, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 414 Mizpah Hills Drive	Transaction ID: 784826E123831811296
	City State Zip Code Johnson City TN 37604-8930	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer East Tennessee State University Heart	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	782.00
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 15 / 44
	<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) Gary Dykstra, D.O., F.A.	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 3110 North Road	Transaction ID: 157074CC2A7D4C23D8F
	City State Zip Code Bartlesville OK 74006-4706	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) Omer Abu-Bakr El-Amin, M.B.B.S.,	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 201 South 81st Avenue #1	Transaction ID: 85D9056EBA03CE49572
	City State Zip Code Yakima WA 98908-4130	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Yakima Heart Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Zouheir H. Elias, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 18350 Roscoe Boulevard, Suite 401	Transaction ID: 31A04DB5164CD4E9512
	City State Zip Code Northridge CA 91325-4169	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 16 / 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive

City State Zip Code
Little Rock AR 72212-3306

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

Name of Employer Occupation
Arkansas Children's Hospital Pediatric PEDIATRIC CARD.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 378.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: 4ADF954C1F51AF9800FE

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Leon A. Feldman, M.D., F.A.

Mailing Address 39000 Bob Hope Drive
Hal B Wallis Building

City State Zip Code
Rancho Mirage CA 92270-3221

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

Name of Employer Occupation
Desert Cardiology Cnsltns Med Grp Inc ELECTROPHYSIOLOGY

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

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 638855E3266270E0839

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kevin Fitzpatrick

Mailing Address 1441 Windrow Lane

City State Zip Code
Yardley PA 19067

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

Name of Employer Occupation
Self-Employed Cardiologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: 4E9082F223B5CD1AEFF2

Amount of Each Receipt this Period
85.00

SUBTOTAL of Receipts This Page (optional) ► **419.00**

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 / 44
(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)
Kathleen B. Flood

Mailing Address 9111 Old Georgetown Road

City State Zip Code
Bethesda MD 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 ▼
300.00

Date of Receipt
MM / DD / YYYY
07 / 29 / 2009

Transaction ID: 48388BC8321129370BD3

Amount of Each Receipt this Period
100.00

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

Mailing Address 100 Pilot Medical Drive Suite 300

City State Zip Code
Birmingham AL 35235-3412

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

Name of Employer Birmingham Heart Clinic, P.C.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2009

Transaction ID: 10437175F9737D6B05D

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Patrick A. Frias, M.D., F.A.

Mailing Address 2321 Old Ivey Walk

City State Zip Code
Stone Mountain GA 30087-2755

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

Name of Employer Sibley Heart Center Cardiology
Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 04 / 2009

Transaction ID: 75E5659A-96BB-4944-

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1600.00**

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 / 44
(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)
Cathy Gates

Mailing Address 17500 Ashton Forest Terrace

City State Zip Code
Sandy Spring MD 20860-3009

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 ▼
333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: 4AE185F09165C193BDA3

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Hasan Guven, M.D., F.A.

Mailing Address 904 Park Crest Circle

City State Zip Code
Birmingham AL 35242-7537

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

Name of Employer Alabama Cardiovascular Group
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	0	9

Transaction ID: 41AD864F58239B6FA41

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Edward C. Healy, M.D., F.A.

Mailing Address 11000 Old Coach Road

City State Zip Code
Potomac MD 20854-2709

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

Name of Employer Maryland Heart PC
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	9

Transaction ID: F726F6CFCBB2F93FD14

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **948.34**

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 / 44
(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)
J. Daniel Hill, Jr., M.D.,
Mailing Address 281 Monte Vista Ridge Road
City Orinda State CA Zip Code 94563-1627
FEC ID number of contributing federal political committee. **C**
Name of Employer Berkeley Cardiovascular Medical Group Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 07 / 29 / 2009
Transaction ID: 0515937C8E77F03E84D
Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Thomas J. Hill, M.D., F.A.
Mailing Address 724 8th Street # 5
City Breckenridge State MI Zip Code 48615-9587
FEC ID number of contributing federal political committee. **C**
Name of Employer West Shore Cardiology Consultants Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 07 / 28 / 2009
Transaction ID: AEE98C4C3B76088C8A9
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Jerome L. Hines, M.D., Ph.D
Mailing Address 11 Salt Creek Lane #2
City Hinsdale State IL Zip Code 60521-3032
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 ▼ 400.00
Date of Receipt 07 / 09 / 2009
Transaction ID: 4D7C9A2A7A7E29FDD407
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 550.00
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 / 44
(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 ▼
672.00

Date of Receipt
MM / DD / YYYY
07 / 23 / 2009

Transaction ID: 73BA6674967D121A0F0

Amount of Each Receipt this Period
168.00

B.

Full Name (Last, First, Middle Initial)
Walter E. James, M.D., F.A.

Mailing Address 106 Fair Oaks Lane

City State Zip Code
Greenwood SC 29646-9273

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

Name of Employer Piedmont Cardiology Assoc Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 913F1191982261475A6

Amount of Each Receipt this Period
250.00

C.

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

Mailing Address 7067 Meeker Commons

City State Zip Code
Dayton OH 45414-2065

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

Name of Employer Dayton Heart Center, Inc. Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2009

Transaction ID: 4412B31671E7C3761C70

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **448.00**

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 21 / 44
(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. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons

City State Zip Code
Dayton OH 45414-2065

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

Name of Employer
Dayton Heart Center, Inc.

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2009

Transaction ID: 455F916A460EA2B4F032

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Fareeha I. Khan, M.D.

Mailing Address 2826 Old Lee Highway
Suite 100

City State Zip Code
Fairfax VA 22031-4349

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 / 14 / 2009

Transaction ID: 0DE3B601DB612CF97B2

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Shahabuddin Khan, M.D., F.A.

Mailing Address 7619 Victory Gallup Street

City State Zip Code
Las Vegas NV 89131-4125

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

Name of Employer
Nevada Heart & Vascular Center

Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
504.00

Date of Receipt
MM / DD / YYYY
07 / 20 / 2009

Transaction ID: 476E8CC4BB5EE50E0A34

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **614.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 44
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Charles H. Koo, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 7 North St	Transaction ID: 4671A3E4C34E1CD4602
	City State Zip Code Rumson NJ 07760-1609	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Rhode Island Hospital Division of Card	Occupation ELECTROPHYSIOLOGY	
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) Denes Korpas, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 4011 Sweetwood Court	Transaction ID: 4F89C46F106FCAC7DF0
	City State Zip Code North Platte NE 69101-4711	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Nebraska Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Vijay S. Kusnoor, M.B.B.S.,	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 3570 College Street	Transaction ID: 42B23058BAA94FBFAF7
	City State Zip Code Beaumont TX 77701-4683	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PEDIATRIC CARD.	
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)	1865.00
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 / 44
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Ronald J. Landin, M.D., F.A.

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2009

Transaction ID: 602FAF1E2B454B53A44

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Roger F. Leonard, M.D., F.A.

Mailing Address 11706 Split Tree Circle

City State Zip Code
Potomac MD 20854-2880

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

Name of Employer Montgomery General Hospital Occupation ADMINISTRATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
546.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2009

Transaction ID: 4BED969D44D301D47973

Amount of Each Receipt this Period
91.00

C.

Full Name (Last, First, Middle Initial)
Sandra J. Lewis, M.D., F.A.

Mailing Address 5342 Southwest Hewett Boulevard

City State Zip Code
Portland OR 97221-2254

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

Name of Employer NW Cardiovascular Institute Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt
MM / DD / YYYY
07 / 09 / 2009

Transaction ID: 4B52A48A40950A6E37A1

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ▶ **674.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 44
(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)
Craig H Lundgren, M.D., F.A.

Mailing Address 11223 Buenavista

City State Zip Code
Shawnee Mission KS 66211-1328

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
07 / 08 / 2009

Transaction ID: 14CA032AF548CCF287A

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Kenneth W. McBride, M.D., F.A.

Mailing Address 1300 West Terrell, Suite 500

City State Zip Code
Fort Worth TX 76104-2810

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
07 / 28 / 2009

Transaction ID: 4060524FF672B7F9015

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Richard R. P. McCurdy, Sr, M.D.,

Mailing Address 188 Dam View Drive

City State Zip Code
Media PA 19063-1832

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
07 / 29 / 2009

Transaction ID: 698857E2A7005A35B45

Amount of Each Receipt this Period
250.00

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 25 / 44
(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)
Frank Leonard Mikell, Jr., M.D.,
Mailing Address 619 Esat Mason Street, 4th Floor,
City Springfield State IL Zip Code 62794-9420
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Prairie Cardiovascular Consultants Ltd ADULT CARDIOLOGY
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 30 / 2009
Transaction ID: 0B3B5FD948FB04656BA
Amount of Each Receipt this Period 1000.00

B. Full Name (Last, First, Middle Initial)
J. Scott Millikan, M.D., F.A.
Mailing Address 3319 Alpine Drive
City Billings State MT Zip Code 59102-0341
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Self-Employed CARDIOVASC. SURG.
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt 07 / 23 / 2009
Transaction ID: AD92AB08916E12EF417
Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial)
Francis J. Mirecki, M.D., F.A.
Mailing Address 481 Goldstar Highway Suite 101
City Groton State CT Zip Code 06340-6702
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Eastern CT Cardiology Group, P.C. ADULT CARDIOLOGY
Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt 07 / 29 / 2009
Transaction ID: 282A4C4BD790A2F677C
Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 26 / 44
	<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. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 2005 Prestwick Lane	Transaction ID: 482C916F6AB5E74E48FC
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	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 ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) Carl A. Moore, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 101 Colonial Court	Transaction ID: 5BBBED19C2ECECF851EB
	City State Zip Code Lynchburg VA 24503-2003	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Associates of Central V	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) Marc A. Mugmon, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 7193 Collingwood Ct	Transaction ID: E28CB706-A621-449D-
	City State Zip Code Elkridge MD 21075-5548	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mid Atlantic Cardiovascular Associates	Occupation 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)	1350.00
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 27 / 44
	<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) Michael Nocero, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 103 Satsuma Drive	Transaction ID: FE3BB76703732A33C07
	City State Zip Code Altamonte Springs FL 32714-6505	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Central Florida Cardiology Group Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) John I. Nwogu, M.B.B.S.,	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 4636 Amberwood Drive	Transaction ID: CD625B45082AE95BEFA
	City State Zip Code Anniston AL 36207-7773	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiovascular Clinic of Anniston Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Krishna Mohan Pamulapati, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 230 Parkway Place	Transaction ID: 13EBF812DF3E74A903D
	City State Zip Code Mankato MN 56001-5905	Amount of Each Receipt this Period 365.00
	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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	1730.00
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 / 44
(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)
Salil J. Patel, M.D., F.A.

Mailing Address 4823 Ipswich Glen

City State Zip Code
Suwanee GA 30024

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

Name of Employer Cardiovascular Group P.C. Occupation CLINICAL CARDIOLOGY/GENERAL 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
07 / 15 / 2009

Transaction ID: C0A3935E-DDDC-4A60-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
William H. Pentz, M.D., F.A.

Mailing Address 20 Rebel Road

City State Zip Code
Radnor PA 19087-2809

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

Name of Employer Pennsylvania Cardiology Associates 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
07 / 21 / 2009

Transaction ID: B14C67DCCCE9CA6A64E

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David W. Peterson, M.D., F.A.

Mailing Address 186 Luska Ridge

City State Zip Code
Waynesville NC 28785-6906

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

Name of Employer Western Carolina Cardiology 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
07 / 14 / 2009

Transaction ID: 5F79C6AB7E8244B50C3

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 29 / 44		
	<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

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

A.	Full Name (Last, First, Middle Initial) Ross C. Peterson, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 11 / 2009
	Mailing Address 4205 Woodbrook Landing	Transaction ID: 47B5BA955AA30524D892
	City State Zip Code Erie PA 16506-7017	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Consultants in Cardiovascular Diseases Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 546.00	

B.	Full Name (Last, First, Middle Initial) Michael R. Pittaro, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 28 / 2009
	Mailing Address 1177 Summer Street 5th Floor	Transaction ID: 217C56BB34D5F1B4C5C
	City State Zip Code Stamford CT 06905-5522	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiology Assoc. of Fairfield County 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) William P. Platko, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 117 Pinehurst Pointe Drive	Transaction ID: FB599E71C65FBEA5DF9
	City State Zip Code St. Augustine FL 32092-3700	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	

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: (check only one)	PAGE 30 / 44
	<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 C. Prentice, D.O., F.A.	Date of Receipt MM / DD / YYYY 07 / 06 / 2009
	Mailing Address 13343 Edinburgh Drive	Transaction ID: EF0A20A982137C9AF0B
	City State Zip Code Palos Heights IL 60463-2749	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) Steven V. Priest, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 13 / 2009
	Mailing Address 3222 W Riverside Drive	Transaction ID: 499B8744976828FEC36B
	City State Zip Code Fort Myers FL 33901-6734	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Florida Heart Associates Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 364.00	

C.	Full Name (Last, First, Middle Initial) Van C. Reeder, Jr., M.D.,	Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 100 Pilot Medical Drive #300	Transaction ID: BB3EE721DE4E539BBEE
	City State Zip Code Birmingham AL 35235-3412	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Birmingham Heart Clinic P.C.Attn: Pam Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	1k

SUBTOTAL of Receipts This Page (optional)	2091.00
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 / 44
	<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) Joseph M. Restivo, M.D.	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 137 Lethbridge Circle	Transaction ID: CDE642463AD9EDDA7D8
	City State Zip Code Copley OH 44321-1361	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Northeast Ohio Cardiovascular Speciali Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) George P. Rodgers, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 16 / 2009
	Mailing Address 2441 Westlake Drive	Transaction ID: 4D4FA2A786EE60383DE0
	City State Zip Code Austin TX 78746-2950	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Biophysical Corporation Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 506.00	

C.	Full Name (Last, First, Middle Initial) Tracey Roth, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 29 / 2009
	Mailing Address 2053 Mission Drive	Transaction ID: 93D56FDA6D4B8947C55
	City State Zip Code Naples FL 34109-7108	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Self-Employed Occupation: INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	1084.00
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 / 44
(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)
Manfred A. Sandler, M.B., B.Ch

Mailing Address 4611 River Bottom Drive

City Norcross State GA Zip Code 30092-1324

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

Name of Employer Cardiovascular Group P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 28 / 2009

Transaction ID: 83A4AD5ABD53D59163D

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Mark Saporita, M.D., F.A.

Mailing Address 1279 E Main Street

City Riverhead State NY Zip Code 11901-2583

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

Name of Employer East End Cardiology, P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 07 / 10 / 2009

Transaction ID: 1A6A7170F85C28FE5FC

Amount of Each Receipt this Period 365.00

C. Full Name (Last, First, Middle Initial)
Harold P. Settle, Jr., M.D.,

Mailing Address 905 River Oaks Drive

City Cropwell State AL Zip Code 35054-3633

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

Name of Employer Birmingham Heart Clinic PC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2009

Transaction ID: C36B799ECB3E869BD8D

Amount of Each Receipt this Period 1000.00

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 33 / 44
(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 T. Simpson, M.D., F.A.

Mailing Address 5028 Wendover Drive

City Birmingham State AL Zip Code 35223-1632

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

Name of Employer Birmingham Heart Clinic, PC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2009

Transaction ID: 07147561805072F71B4

Amount of Each Receipt this Period 1000.00

1k

B. Full Name (Last, First, Middle Initial)
Brian D. Snoddy, M.D., F.A.

Mailing Address 537 Lake Colony Drive Suite 300

City Birmingham State AL Zip Code 35242-7408

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

Name of Employer Self-Employed Occupation ECHOCARDIOGRAPHY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2009

Transaction ID: 05BFFB8C2EAC78B2DAC

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2 Sandsfield Way

City Savannah State GA Zip Code 31411-2511

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

Name of Employer Cardiovascular Consultants, P.C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 22 / 2009

Transaction ID: 49118ADD09FDE0F6504E

Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 34 / 44
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rush Barrett Steelman, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 8440 Walnut Hill Lane Suite 700	Transaction ID: 579D08D896F60271EED
	City State Zip Code Dallas TX 75231-3824	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	

B.	Full Name (Last, First, Middle Initial) Brian Taschner, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 14 / 2009
	Mailing Address 11103 Sierra Palm Court	Transaction ID: EE11F47331A6E03A1E4
	City State Zip Code Fort Myers FL 33966-5754	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Marc A. Tecce, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 10 / 2009
	Mailing Address 5 Great Woods Lane	Transaction ID: 34A4BCABBE016C07012
	City State Zip Code Malvern PA 19355-9697	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 44
(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)
James Randal Trimm, M.D.

Mailing Address 100 Pilot Medical Drive Suite 300

City Birmingham State AL Zip Code 35235-3412

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

Name of Employer Birmingham Heart Clinic, P.C. Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 30 / 2009

Transaction ID: 4A4B273B09E2BD8F22A

Amount of Each Receipt this Period 1000.00

B.

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

Mailing Address 5140 Highway 397

City Bell City State LA Zip Code 70630-3105

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

Name of Employer Cardiovascular Specialists of Southwes Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 4B9797BB740347BAF3B8

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Paul L. Urban, M.D., F.A.

Mailing Address 2875 Southwest 53rd Street

City Ocala State FL Zip Code 34471-9538

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 ▼ 504.00

Date of Receipt 07 / 29 / 2009

Transaction ID: 4CA39D84761EF2F5633D

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► **1184.00**

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 / 44
	<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.	Date of Receipt MM / DD / YYYY 07 / 03 / 2009
	Mailing Address 1487 Langhorne Road	Transaction ID: 4F8DA49CE0E58733EFE8
	City State Zip Code Lynchburg VA 24503-2515	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Cardiovascular Group Centra/Stroob	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

B.	Full Name (Last, First, Middle Initial) Arthur E. Van Dyke, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 2504 Marlboro Road	Transaction ID: CB3FBD237CB7C579708
	City State Zip Code Cleveland Heights OH 44118-4028	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) Juan Villafane, M.D., F.A.	Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address Pmb 300 743 E Broadway	Transaction ID: 4A6193C24A14978E0C6B
	City State Zip Code Louisville KY 40202-1711	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer Childrens Heart Specialis- ts, P.S.C. Pe	Occupation PEDIATRICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

SUBTOTAL of Receipts This Page (optional)	424.34
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 / 44
(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)
S. K. Wadhwa, M.D., F.A.
 Mailing Address 780 Swift Boulevard Suite 200
 City State Zip Code
 Richland WA 99352-3584
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 30 / 2009
Transaction ID: 5AED167F6134D7D2C00
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Richland Medical Center ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

B. Full Name (Last, First, Middle Initial)
Thad Waites, M.D., F.A.
 Mailing Address 1017 Richburg Road
 City State Zip Code
 Hattiesburg MS 39402-9055
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 03 / 2009
Transaction ID: 4272B26672CD88D2D97F
 Amount of Each Receipt this Period
 91.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Southern Heart Center ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 546.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Howard Walden, M.D., F.A.
 Mailing Address 241 Great Pond Road
 City State Zip Code
 South Glastonbury CT 06073-3106
 Date of Receipt
 M M / D D / Y Y Y Y Y
 07 / 14 / 2009
Transaction ID: A408FE3AC0E2A370A2B
 Amount of Each Receipt this Period
 365.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Consulting Cardiologists, PC ADULT CARDIOLOGY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

SUBTOTAL of Receipts This Page (optional) ► 706.00
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 / 44
(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)
Diane E. Wallis, M.D., F.A.

Mailing Address 3825 Ighland Avenue
Suite 400

City Downers Grove State IL Zip Code 60515-4457

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 ▼ 333.36

Date of Receipt 07 / 09 / 2009
Transaction ID: 448D94D7E1F6667BB006
Amount of Each Receipt this Period 83.34

B.

Full Name (Last, First, Middle Initial)
Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City Nashville State TN Zip Code 37215-4123

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

Name of Employer Saint Thomas Health Services Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2727.30

Date of Receipt 07 / 03 / 2009
Transaction ID: 40E6B94798810B76808D
Amount of Each Receipt this Period 454.55

C.

Full Name (Last, First, Middle Initial)
Mary Norine Walsh, M.D., F.A.

Mailing Address 428 West 83rd Place

City Indianapolis State IN Zip Code 46260-4905

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

Name of Employer The Care Group LLC Occupation HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 29 / 2009
Transaction ID: 44368F685D54CE343EB5
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ▶ **637.89**

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 / 44
(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 C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway Apt. 1921

City Henderson State NV Zip Code 89074-1941

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 ▼ 336.00

Date of Receipt 07 / 09 / 2009

Transaction ID: 4F26A3A64CA4849839F9

Amount of Each Receipt this Period 84.00

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

Mailing Address 2753 Northeast Red Oak Drive

City Bend State OR Zip Code 97701-8348

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 ▼ 546.00

Date of Receipt 07 / 03 / 2009

Transaction ID: 40D29D4272ED57B51C60

Amount of Each Receipt this Period 91.00

C. 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 10075-1843

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 ▼ 500.03

Date of Receipt 07 / 07 / 2009

Transaction ID: 4C3BBE182FDB66192625

Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► 258.34

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 40 / 44
(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)
Taylor M. Wray, M.D., F.A.

Mailing Address 14 Lynnwood Lane

City State Zip Code
Nashville TN 37205-2910

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

Name of Employer Occupation
Mid-State Cardiology Associates ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
07 / 15 / 2009

Transaction ID: CA20670E6358FB7B653

Amount of Each Receipt this Period
250.00

B.

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

Mailing Address 1038 South Carmelina Avenue

City State Zip Code
Los Angeles CA 90049-5810

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

Name of Employer Occupation
Pacific Heart Institute ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
07 / 03 / 2009

Transaction ID: 4D5FBD94822CD07B329C

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 State Zip Code
McLean VA 22102-1435

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

Name of Employer Occupation
Virginia Cardiovascular Associates, PC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 504.00

Date of Receipt
MM / DD / YYYY
07 / 11 / 2009

Transaction ID: 4BF5A2A577265F4EFBD9

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► **534.00**

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 41 / 44
(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)
Loran Yehudai, M.D., F.A.

Mailing Address 900 Northwest Lovejoy Street Apt.

City State Zip Code
Portland OR 97209-3479

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

Name of Employer Occupation
The Vancouver Clinic CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 14 / 2009

Transaction ID: 69BC9D8E2F11BBBB2E3

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Ross R. Zimmer, M.D., F.A.

Mailing Address 4th Floor Ph1
38th and Market Street

City State Zip Code
Philadelphia PA 19104

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

Name of Employer Occupation
Presbyterian Medical CenterCardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 08 / 2009

Transaction ID: B7A5A45E3336EF6831D

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Philip D. Zinn, M.D., F.A.

Mailing Address 4411 Medical Drive # 300

City State Zip Code
San Antonio TX 78229-3824

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 06 / 2009

Transaction ID: 6B78AC84133195E4DB6

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)	40997.25

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 42 / 44	
	(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		M M / D D / Y Y Y Y 07 / 14 / 2009	
	City	State	Zip Code	Transaction ID: 29BE70BCF06EBB6809B
	Richmond	VA	23285-5024	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1229.94	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 7163.56		
				Reimburse. for June Amex and July Merchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	1229.94
TOTAL This Period (last page this line number only)	▶	1229.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 44

<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

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) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement July 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: V2C204DDC61571BA89D3 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 229.65
	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 July 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: M8DB0D9BA8CD0D2184B7 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 975.03
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1204.68

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

1204.68

**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 44 / 44

<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) Davis for Congress/Friends of Davis Mailing Address 5956 W. Race Avenue City Chicago State IL Zip Code 60644 Purpose of Disbursement 2010 Primary Candidate Name Danny K. Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5EE77AEDCDC5191066A Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
B. Full Name (Last, First, Middle Initial) Diana Degette for Congress Inc. Mailing Address PO Box 61337 City Denver State CO Zip Code 80206 Purpose of Disbursement 2010 Primary Candidate Name Diana L. DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 37C4C4718B832064C8E Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00 Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

2500.00