

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		36524.80
(b) Cash on Hand at Beginning of Reporting Period.....	36524.80	
(c) Total Receipts (from Line 19)	16024.33	16024.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	52549.13	52549.13
7. Total Disbursements (from Line 31).....	915.16	915.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51633.97	51633.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: / / 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).....	9340.03	9340.03
(ii) Unitemized	5707.93	5707.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15047.96	15047.96
(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)	15047.96	15047.96
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).....	976.37	976.37
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 Transfers (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))..... ▶	16024.33	16024.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16024.33	16024.33

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	915.16	915.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	915.16	915.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	915.16	915.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	915.16	915.16

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	15047.96	15047.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15047.96	15047.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	915.16	915.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	976.37	976.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-61.21	-61.21

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Michael B. Adesman F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Woodward Rd
 City State Zip Code
 Media PA 19063-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-Employed INTERVENTIONAL CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2015
Transaction ID : F567226E-4635-452A-
 Amount of Each Receipt this Period
 500.00

B. Jay H. Alexander F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2151 Waukegan Rd
 Ste 100
 City State Zip Code
 Bannockburn IL 60015-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 North Shore Cardiologists, SC ADULT CARDIOLOGY
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 07 / 2015
Transaction ID : 44D1AB7F69B5376009FC
 Amount of Each Receipt this Period
 250.00

C. Seth H. Baker F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2320 Club Dr
 City State Zip Code
 Vero Beach FL 32963-2158
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 23 / 2015
Transaction ID : AAD175B1612A7A03EEF
 Amount of Each Receipt this Period
 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 15
	<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. George H. Crossley F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Stratton Pl
 Ste 5209
 City Brentwood State TN Zip Code 37027-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vanderbilt University Occupation ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 25 / 2015
Transaction ID : 4494ACBACF619B3C21AD
 Amount of Each Receipt this Period
 250.00

B. Joseph P. Drozda F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Picardy Hill Dr
 City Chesterfield State MO Zip Code 63017-7127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mercy Health Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 01 / 2015
Transaction ID : AEBE0477-F56C-45A9-
 Amount of Each Receipt this Period
 1000.00

c. J. Clay Hays F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 970 Lakeland Dr
 Ste 61
 City Jackson State MS Zip Code 39216-4634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Jackson Heart Clinic PA Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 10 / 2015
Transaction ID : 6E2FF098-5386-43C7-
 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 9 OF 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Daniel J. Humiston F.A.C.C.		Date of Receipt
Mailing Address 2132 N 1700 W Ste 200		M M / D D / Y Y Y Y Y Y 01 / 07 / 2015
City Layton	State UT	Zip Code 84041-7060
FEC ID number of contributing federal political committee. C		Transaction ID : 445CAC5562011873D407
Name of Employer Utah Cardiology, PC		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		208.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	208.34	

Full Name (Last, First, Middle Initial) B. Ronald P. Koepke F.A.C.C.		Date of Receipt
Mailing Address 307 Park Ave		M M / D D / Y Y Y Y Y Y 01 / 23 / 2015
City Monroe	State LA	Zip Code 71201-4023
FEC ID number of contributing federal political committee. C		Transaction ID : 6E0916DB162BE7D0141
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	250.00	

Full Name (Last, First, Middle Initial) C. Julie A. Kovach F.A.C.C.		Date of Receipt
Mailing Address 6423 Heron Ct		M M / D D / Y Y Y Y Y Y 01 / 23 / 2015
City Ann Arbor	State MI	Zip Code 48103-9791
FEC ID number of contributing federal political committee. C		Transaction ID : 1765AB7FD66A82C5745
Name of Employer Rush University Medical Center		Amount of Each Receipt this Period
Occupation ADULT CONGENITAL CARDIOLOGY		250.00
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).....▶	708.34
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: (check only one)	PAGE 11 OF 15
	<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. Susan O'Leary PHD, F.A.C
 Full Name (Last, First, Middle Initial)
 Mailing Address 7300 Granite Ridge Ct
 City Washoe Valley State NV Zip Code 89704-8573
 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 **01 / 23 / 2015**
Transaction ID : D652A8DF58E8345D8F7
 Amount of Each Receipt this Period **500.00**

B. Bal T. Reddy F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 94 Briggs St Ste 600
 City San Antonio State TX Zip Code 78224-1272
 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 **600.00**

Date of Receipt **01 / 08 / 2015**
Transaction ID : D989DAC5D06FA5B607A
 Amount of Each Receipt this Period **600.00**

C. Suma A. Thomas F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 W Lakeside Ave Apt 801
 City Cleveland State OH Zip Code 44113-5517
 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 **208.34**

Date of Receipt **01 / 25 / 2015**
Transaction ID : 449CB8D7442ED1218C5C
 Amount of Each Receipt this Period **208.34**

SUBTOTAL of Receipts This Page (optional).....	1308.34
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: (check only one)	PAGE 12 OF 15
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thad F. Waites F.A.C.C.		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 Transaction ID : 47598C0A6B2B6DB3D7C7
Mailing Address 1017 Richburg Rd		Amount of Each Receipt this Period 208.34
City Hattiesburg	State MS	Zip Code 39402-9055
FEC ID number of contributing federal political committee. C	Name of Employer Southern Heart Center	Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.34	

Full Name (Last, First, Middle Initial) B. Howard T. Walpole MBA, F.A.C.		Date of Receipt MM / DD / YYYY 01 / 07 / 2015 Transaction ID : 4E4CB745B04A0C64A801
Mailing Address 2581 Bridgewater Cir		Amount of Each Receipt this Period 208.34
City Gainesville	State GA	Zip Code 30506-1857
FEC ID number of contributing federal political committee. C	Name of Employer Northeast Georgia Health System	Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.67	

Full Name (Last, First, Middle Initial) C. Howard T. Walpole MBA, F.A.C.		Date of Receipt MM / DD / YYYY 01 / 27 / 2015 Transaction ID : 43239C97726FD9E3BB12
Mailing Address 2581 Bridgewater Cir		Amount of Each Receipt this Period 83.33
City Gainesville	State GA	Zip Code 30506-1857
FEC ID number of contributing federal political committee. C	Name of Employer Northeast Georgia Health System	Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.67	

SUBTOTAL of Receipts This Page (optional).....▶	500.01
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 OF 15
	(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"/> 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. Edward G. Williams F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 1317 Morris Ave
 City Union State NJ Zip Code 07083-3350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Union County Cardiology Associates, PA Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 27 / 2015**
Transaction ID : 43876BCFE1ED77BFB44
 Amount of Each Receipt this Period **250.00**

B. Lambert A. Wu F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 929 SW Mulvane St
 City Topeka State KS Zip Code 66606-1677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cotton O'Neil Heart Center Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **208.34**

Date of Receipt **01 / 07 / 2015**
Transaction ID : 4E82A884F6FC073B2C2F
 Amount of Each Receipt this Period **208.34**

c. Laura Leigh H. Younce F.A.C.C.
 Full Name (Last, First, Middle Initial)
 Mailing Address 9809 Indian Trail Fairview Rd
 City Indian Trail State NC Zip Code 28079-6768
 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 **01 / 23 / 2015**
Transaction ID : 0EBAD797E36010A7CE
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	958.34
TOTAL This Period (last page this line number only).....	9340.03

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 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input checked="" 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. American College of Cardiology - Admin Account

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 85024

City Richmond	State VA	Zip Code 23285-5024
------------------	-------------	------------------------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **976.37**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2015

Transaction ID : 28EB67817B7E391A898

Amount of Each Receipt this Period

976.37

Reimbursement for December 2014 Amex Fees and January 2015 Merchant Fees

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

--

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional).....▶	976.37
TOTAL This Period (last page this line number only).....▶	976.37

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
January 2015 Amex Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : V460DE052241FD4B1497

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo, N.A.

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
January 2015 Merchant Fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : M9AF1250B02E4B65C68E

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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