

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW Washington DC 20037 1153 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00375360 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2010 through 06 30 2010

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 07 19 2010

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 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: 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	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	231540.14									
(c) Total Receipts (from Line 19)	10807.30	289336.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	242347.44	499886.40								
7. Total Disbursements (from Line 31)	93630.42	351169.38								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148717.02	148717.02								
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

FEC Form 3X (Rev. 06/2004)

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)	7724.68	232425.38
(ii) Unitemized	2446.58	49169.27
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10171.26	281594.65
(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)	10171.26	281594.65
12. Transfers From Affiliated/Other Party Committees	0.00	1445.93
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)	636.04	6295.86
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))	10807.30	289336.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10807.30	289336.44

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.....	630.42	7704.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	630.42	7704.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	343000.00
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	465.05
(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	465.05
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))..	93630.42	351169.38
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93630.42	351169.38

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)	10171.26	281594.65
34. Total Contribution Refunds (from Line 28(d))	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10171.26	281129.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	630.42	7704.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	636.04	6295.86
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-5.62	1408.47

**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 / 33
	<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.	Full Name (Last, First, Middle Initial) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2256 Carlyle Court	Transaction ID: 43C980D9BEF1C0238981
	City State Zip Code Buffalo Grove IL 60089-4695	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer North Shore Cardiologists, SC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

B.	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.,	Date of Receipt MM / DD / YYYY 06 / 19 / 2010
	Mailing Address 425 McKean Drive	Transaction ID: 405B83A07F6D85D0BBEC
	City State Zip Code Wexford PA 15090-7327	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Pittsburgh Medical Centre	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

C.	Full Name (Last, First, Middle Initial) C. Noel Bairey Merz, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address 16664 Cumbre Verde Court	Transaction ID: 2245330AA024FED1ACB
	City State Zip Code Pacific Palisades CA 90272-1914	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars-Sinai Medical Center Women's Hea	Occupation PREVENTIVE 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)	533.34
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 7 / 33
(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)
Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 West 89th Street

City Leawood State KS Zip Code 66206-1629

FEC ID number of contributing federal political committee. C

Name of Employer Cardiovascular Consultants, PC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 4F7C8029F9E12149D6E9

Amount of Each Receipt this Period 50.00

B. Full Name (Last, First, Middle Initial)
Eric R. Bates, M.D., F.A.

Mailing Address 840 Cherrystone Court

City Ann Arbor State MI Zip Code 48105-3038

FEC ID number of contributing federal political committee. C

Name of Employer University of Michigan Hospitals and Health Centers Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt MM / DD / YYYY
06 / 13 / 2010

Transaction ID: 41F4B8CB7E888E0AE27F

Amount of Each Receipt this Period 84.00

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

Mailing Address 1410 Monterey Boulevard

City San Francisco State CA Zip Code 94127-2554

FEC ID number of contributing federal political committee. C

Name of Employer Oakland Kaiser Medical Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
06 / 02 / 2010

Transaction ID: 445181413D0F4F98722A

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 234.00

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 / 33
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

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

Mailing Address 1912 Alta Vista Court

City Naperville State IL Zip Code 60563

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2010
Transaction ID: 4F7E84E31CB384E774BF
 Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Joseph G. Cacchione, M.D., F.A.

Mailing Address 5740 Hickory Knoll Court

City Fairview State PA Zip Code 16415-3246

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

Name of Employer Cleveland Clinic Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 02 / 2010
Transaction ID: 4797A0FE477EED986A0B
 Amount of Each Receipt this Period 84.00

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

Mailing Address 22 Glen Hollow

City West Hartford State CT Zip Code 06117

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

Name of Employer Central Connecticut Cardiologists, LLC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 17 / 2010
Transaction ID: 4F5B2AC2-0D96-409B-
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► **434.00**

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 / 33
(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)
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 Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2010

Transaction ID: 426B93D9688BDA680765

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
David J. Clardy, M.D., F.A.

Mailing Address 801 Broadway N

City State Zip Code
Fargo ND 58102-3641

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

Name of Employer Occupation
Meritcare Medical Center ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
MM / DD / YYYY
06 / 19 / 2010

Transaction ID: 4DE9B08ECED8C7C703CF

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Lane

City State Zip Code
Glastonbury CT 06033-2545

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

Name of Employer Occupation
St. Francis Hospital and Medical Cente ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: 4031AC80B1C9CCAA8071

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **234.00**

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 / 33
(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)
Lianna S. Collinge, CAE

Mailing Address 4014 88th Avenue Northwest

City State Zip Code
Gig Harbor WA 98335-6157

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

Name of Employer Occupation
Washington Chapter of the ACC Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 421.68

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2010

Transaction ID: 4FF2BE84531269C062D6

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Daniel P. Conroy, Jr., M.D.,

Mailing Address 122 Heller Way

City State Zip Code
Montclair NJ 07043-2512

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

Name of Employer Occupation
Self-Employed CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2010

Transaction ID: 4CD3BB8ED9590D0234B9

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Circle

City State Zip Code
Murfreesboro TN 37130-7608

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2010

Transaction ID: 4C209F9921A4801D3328

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► 266.67

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 / 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Kevin Fitzpatrick		Date of Receipt MM / DD / YYYY 06 / 12 / 2010		
	Mailing Address Heart House 2400 N Street Northwest		Transaction ID: 4C95B498CB047DCF5682		
	City Washington	State DC	Zip Code 20037-1152	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American College of Cardiology		Occupation ADMINISTRATION		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

B.	Full Name (Last, First, Middle Initial) Frank J. Green, M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 10590 N Meridian Street		Transaction ID: 4D7AC475BBAA5C16BC8		
	City Indianapolis	State IN	Zip Code 46290-1028	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Care Group		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Robert E. Hobbs, M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 2713 Dryden Road		Transaction ID: 4CDBB9AEA15A4214E702		
	City Beachwood	State OH	Zip Code 44122	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cleveland Clinic		Occupation HEART FAILURE/TRANSPLANT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70			

SUBTOTAL of Receipts This Page (optional)	▶	417.34
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 / 33
	<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)
David R. Holmes, Jr., M.D.,

Mailing Address 1122 21st Street, Northeast

City State Zip Code
Rochester MN 55906-4059

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

Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
06 / 13 / 2010

Transaction ID: 4116AE3C4DDA68A403D0

Amount of Each Receipt this Period
84.00

B.

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 ▼ 363.36

Date of Receipt
MM / DD / YYYY
06 / 19 / 2010

Transaction ID: 43D9B9C324E64E1F2B68

Amount of Each Receipt this Period
83.34

C.

Full Name (Last, First, Middle Initial)
Dennis R. Leahy, M.D., F.A.

Mailing Address 12448 Caleta Way

City State Zip Code
San Diego CA 92128-2146

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

Name of Employer Escondido Cardiology Associates, Inc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 14F9FCD3BEA9EAFC8CA

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **667.34**

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 13 / 33
(check only one)

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

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

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

Mailing Address 2592 Parkview Court

City State Zip Code
White Bear Twp MN 55110-5784

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

Name of Employer Self-Employed Occupation
NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 02 / 2010

Transaction ID: E3B449B1-3181-42BA-

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Albert B. Mercer, M.D., F.A.

Mailing Address 1120 Griffith Avenue

City State Zip Code
Owensboro KY 42301-2812

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

Name of Employer Green River Heart Institute Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 46E9B58C864EFE86CB2F

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Richard J. Mercier, M.D., F.A.

Mailing Address 331 King of Prussia Road

City State Zip Code
Wayne PA 19087-2176

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

Name of Employer Cardiology Consultants of Philadelphia Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2010

Transaction ID: 54B21A3BF73F1AFF83C

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 / 33
	<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) Margo B. Minissian, ACNP-BC, M	Date of Receipt MM / DD / YYYY 06 / 15 / 2010
	Mailing Address 444 S San Vicente Boulevard Suite	Transaction ID: 449BA656E01215AE4285
	City State Zip Code Los Angeles CA 90048-4174	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cedars Sinai Womens Heart Center Occupation PREVENTIVE CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2005 Prestwick Lane	Transaction ID: 4147AF20421991A15849
	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 ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Paul J. O'Brien, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 19 / 2010
	Mailing Address 4660 Kenmore Avenue Suite 800	Transaction ID: 4BCD8EEEE061843DF1F6C
	City State Zip Code Alexandria VA 22304-1300	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Virginia Cardiology, P.C. Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)	▶	268.00
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 / 33
	<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) Noel Peterson, M.D.	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 2090 West Arlington Boulevard Park Place Professional Center, Su	Transaction ID: 9990D8FC03E7856DB47
	City Greenville State NC Zip Code 27834	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Regional Cardiology Consultants PA 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) David J. Pinnelas, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 06 / 2010
	Mailing Address 2 Hopi Court	Transaction ID: 4387AF5F3C4688E7DAC4
	City Manalapan State NJ Zip Code 07726-4628	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Shore Heart Group Occupation INTERVENTIONAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 249.96	

C.	Full Name (Last, First, Middle Initial) David A. Rosenbaum, M.D., F.A.	Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address 2835 Halley's Court	Transaction ID: 4CDDBC60E620E1A83C93
	City Colorado Springs State CO Zip Code 80906-1067	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pikes Peak Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 333.32	

SUBTOTAL of Receipts This Page (optional)	374.99
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 / 33
(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)
Florence G. Rothenberg, M.D., F.A.

Mailing Address 222 Reily Road

City State Zip Code
Cincinnati OH 45215

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

Name of Employer University of Cincinnati Occupation **CARDIOVASCULAR RESEARCH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 4CD0A8E7C911FC2102B9

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
John S. Rumsfeld, M.D., Ph.D.

Mailing Address Cardiology (111B)
1055 Clermont Street

City State Zip Code
Denver CO 80220-3808

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

Name of Employer Denver VA Medical Center / University Occupation **ADULT CARDIOLOGY**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 4D6199AC0F2B25424D6F

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
Michael K. Schroyer, RN

Mailing Address 10580 Meridan Street

City State Zip Code
Indianapolis IN 46290-1028

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

Name of Employer Saint Vincent Heart Center of Indiana Occupation **ADMINISTRATION**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.36

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 1 0

Transaction ID: 40E194AA38090A7CADCD

Amount of Each Receipt this Period
83.34

SUBTOTAL of Receipts This Page (optional) ► **250.67**

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 / 33
	(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) Michael J. Severino, M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 19 / 2010		
	Mailing Address 1732 Fargo Boulevard Suite 100		Transaction ID: 47B4824B9590B342454D		
	City Geneva	State IL	Zip Code 60134-2973	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Kane Cardiology, SC		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

B.	Full Name (Last, First, Middle Initial) John W. Shuck, M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 1100 Forrest Avenue		Transaction ID: 4E9AB27CF4544DA169DC		
	City Dover	State DE	Zip Code 19904-3309	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Consultants		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 420.00			

C.	Full Name (Last, First, Middle Initial) M. Theodore Silver, M.D., F.A.		Date of Receipt MM / DD / YYYY 06 / 19 / 2010		
	Mailing Address 697 Lebanon Road		Transaction ID: 477A8CD3767025E89A32		
	City Winterport	State ME	Zip Code 04496-4023	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northeast Cardiology Associates		Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 504.00			

SUBTOTAL of Receipts This Page (optional)	▶	252.00
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 / 33
(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)
Narendra Singh, M.D., F.A.
Mailing Address 6350 Haddington Lane

City State Zip Code
Johns Creek GA 30024

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

Name of Employer Occupation
Atlanta Heart Specialists ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 249.96

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 4F9E921A2D8F25463693

Amount of Each Receipt this Period
41.66

B. Full Name (Last, First, Middle Initial)
Richard W. Snyder, M.D., F.A.
Mailing Address 5514 Yolanda

City State Zip Code
Dallas TX 75229-6440

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

Name of Employer Occupation
Heart Place INTERVENTIONAL CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
06 / 05 / 2010

Transaction ID: 40E6A5F77FDFF304E24

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mark R. Sorensen, M.D., F.A.
Mailing Address 211 S Main Street #205

City State Zip Code
Cape May Court Hou NJ 08210-2264

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

Name of Employer Occupation
Cape Shore Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 499.98

Date of Receipt
MM / DD / YYYY
06 / 09 / 2010

Transaction ID: 42D7BE0DA392C2A6C8E2

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **374.99**

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 / 33
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American College of Cardiology Political Action Committee

A.

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

Mailing Address 803 Towner Place

City State Zip Code
Louisville KY 40223-2568

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

Name of Employer Medical Center Cardiologists
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: 4EDBBE6427844248A70A

Amount of Each Receipt this Period
41.66

B.

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

Mailing Address 3407 Olcott Boulevard

City State Zip Code
Bloomington IN 47401-2429

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

Name of Employer Internal Medicine Associates
Occupation ELECTROPHYSIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 29 / 2010

Transaction ID: 62F4AFBC57F3B12CFB4

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Suma A. Thomas, M.D., F.A.

Mailing Address 7620 Old Georgetown Road, Apt. 121

City State Zip Code
Bethesda MD 20814-6182

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 ▼ 833.36

Date of Receipt
MM / DD / YYYY
06 / 19 / 2010

Transaction ID: 434BA56E9F7E0CB550BA

Amount of Each Receipt this Period
208.34

SUBTOTAL of Receipts This Page (optional) ► 500.00

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 20 / 33
	<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 06 / 19 / 2010
	Mailing Address 1487 Langhorne Road	Transaction ID: 475482880FA1F222398A
	City Lynchburg State VA Zip Code 24503	Amount of Each Receipt this Period 83.34
	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 ▼ 333.36	

B.	Full Name (Last, First, Middle Initial) Uma S. Valeti, M.B.B.S.,	Date of Receipt MM / DD / YYYY 06 / 07 / 2010
	Mailing Address 856 Great Oaks Trail	Transaction ID: 1F1994D3-9FDD-48BB-
	City Saint Paul State MN Zip Code 55123-2434	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St Paul Heart Clinic PA	Occupation INTERVENTIONAL 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) Krishnaswami Vijayaraghavan, M.B.B.S.,	Date of Receipt MM / DD / YYYY 06 / 19 / 2010
	Mailing Address 2817 E Ludlow Drive	Transaction ID: 47CF9E9A5275F5B75469
	City Phoenix State AZ Zip Code 85032-5665	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00	

SUBTOTAL of Receipts This Page (optional)	▶	667.34
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 21 / 33
(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)
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 ▼ 2000.00

Date of Receipt 06 / 05 / 2010

Transaction ID: 48418D1CBC5304629692

Amount of Each Receipt this Period 500.00

B.

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 ▼ 600.00

Date of Receipt 06 / 29 / 2010

Transaction ID: 45B490841A5DBDC09246

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Joseph S. Wilson, Jr., M.D.,

Mailing Address 755 Mount Vernon Highway Suite 530

City Atlanta State GA Zip Code 30328-4287

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

Name of Employer Cardiology of Georgia, P.-C. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 19 / 2010

Transaction ID: 4F0CBF618251694107E8

Amount of Each Receipt this Period 200.00

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 22 / 33
(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)
Richard C. Wong, M.D., F.A.

Mailing Address 3924 Carpenter Court

City State Zip Code
Studio City CA 91604-3738

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

Name of Employer: Cardiology Consultants Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 08 / 2010
Transaction ID: 1978D7306A4D1DFE06A
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

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

Name of Employer: Pacific Heart Institute Occupation: ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt: 06 / 02 / 2010
Transaction ID: 4B7A861A3AEC3E717F68
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Janet Fredal Wyman

Mailing Address 960 Westchester

City State Zip Code
Grosse Pointe Park MI 48230-1830

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

Name of Employer: Henry Ford Hospital Occupation: CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 29 / 2010
Transaction ID: 741F49BD3F51EB33EEB
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► **850.00**

TOTAL This Period (last page this line number only) ► **7724.68**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 33
(check only one)

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

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

A.

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

Mailing Address P.O. Box 85024

City State Zip Code
Richmond VA 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 ▼
6295.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	1	/	2	0	1	0

Transaction ID: FAE4156E15CE48CF2D2

Amount of Each Receipt this Period
636.04

Reimburse. for May Amex and June Merchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	636.04
TOTAL This Period (last page this line number only)	▶	636.04

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement June Amex Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: VA5AA4F318738CA7C47F Date of Disbursement 06 / 30 / 2010
	Amount of Each Disbursement this Period 70.50 Category/Type: 001
B. Full Name (Last, First, Middle Initial) Wachovia Bank Mailing Address C/O Nova Information Systems 7300 Chapman Hwy City Knoxville State TN Zip Code 37920 Purpose of Disbursement June Merchant Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M3993C52330A733D0EC6 Date of Disbursement 06 / 02 / 2010
	Amount of Each Disbursement this Period 559.92 Category/Type: 001

SUBTOTAL of Disbursements This Page (optional)	630.42
TOTAL This Period (last page this line number only)	630.42

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 25 / 33

<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) Cantor for Congress <hr/> Mailing Address PO Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 271116E6EFAA29B5726 Date of Disbursement 06 / 07 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee <hr/> Mailing Address 6380 Wilshire Blvd. #1612 <hr/> City Los Angeles State CA Zip Code 90048 <hr/> Purpose of Disbursement 2010 General Candidate Name Henry A. Waxman <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: BE320BBB2B6602DC6CF Date of Disbursement 06 / 28 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Continuing a Majority Party Action Committee (CAMPAC) <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Continuing a Majority Party Action Committee (CAMP-AC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: FF192D8863E583C2623 Date of Disbursement 06 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

12500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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) Dave Camp for Congress 2010 <hr/> Mailing Address 5915 Eastman Avenue Suite 100 <hr/> City Midland State MI Zip Code 48640 <hr/> Purpose of Disbursement 2010 General Candidate Name Dave Camp <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9CC8AF676C79001797E Date of Disbursement 06 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) David Scott for Congress <hr/> Mailing Address PO Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 2010 Primary Candidate Name David Albert Scott <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: A20AAB17E953A87F83B Date of Disbursement 06 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Freedom Project, The <hr/> Mailing Address 631-B Pennsylvania Ave., SE Basement Unit <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Freedom Project, The <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: B73A6222BC7AB4E792A Date of Disbursement 06 / 28 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 33

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Dan Maffei</p> <p>Mailing Address PO Box 74</p> <p>City Syracuse State NY Zip Code 13214</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Daniel Benjamin Maffei</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 5361836A80A9E5B8B75</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Dave Reichert</p> <p>Mailing Address PO Box 53322</p> <p>City Bellevue State WA Zip Code 98015</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name David G. Reichert</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: EA781F37688590E5DD9</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Jim Clyburn</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name James E. Clyburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 77AABFBE24676EB0EB2</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Harry Teague for Congress <hr/> Mailing Address PO Box 5153 <hr/> City Hobbs State NM Zip Code 88241 <hr/> Purpose of Disbursement 2010 General Candidate Name Harry Teague <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: E8FBE763CA8FD8C2C94 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Heller for Congress <hr/> Mailing Address PO Box 531086 <hr/> City Henderson State NV Zip Code 89053 <hr/> Purpose of Disbursement 2010 General Candidate Name Dean Heller <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1DFBCB4330A24DA1825 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John D. Dingell for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9890FA87C9B11FC2E32 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 33

<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) John D. Dingell for Congress <hr/> Mailing Address 607 14th Street, NW Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 General Candidate Name John D. Dingell <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DAF1F4F4B81A6461F65 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Lewis for Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John R. Lewis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 05 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 9B17C63C268E7F158E9 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Sullivan for Congress Inc <hr/> Mailing Address Post Office Box 470840 <hr/> City Tulsa State OK Zip Code 74147 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Sullivan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5078E13E1A936E682E3 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kurt Schrader for Congress</p> <p>Mailing Address PO Box 3314</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 893C6CF64B821CC04CB</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: E7F37A59E2819A234E2</p> <p>Date of Disbursement 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) LEGPAC</p> <p>Mailing Address 38 Ivy St., SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name LEGPAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 6738180919AC195AF9C</p> <p>Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Lone Star Leadership PAC</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 310 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Lone Star Leadership PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 60CF6C85DBB533A831E Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: 7E2EF2FE01040EC9AFF Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 4000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name National Republican Congressional Committee</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: EF6AAA807685F0BC4F9 Date of Disbursement 06 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

21500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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) Thornberry for Congress Committee <hr/> Mailing Address PO Box 9392 <hr/> City Amarillo State TX Zip Code 79105 <hr/> Purpose of Disbursement 2010 General Candidate Name William M. Thornberry <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C6D74830C96897FB148 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Upton for All of Us <hr/> Mailing Address PO Box 490 <hr/> City St. Joseph State MI Zip Code 49085 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Fredrick Stephen Upton <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 14A3D687A89B1CC9F84 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Victory in November Election PAC (VINEPAC) <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Victory in November Election PAC (VINEPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 841BFDCE6B3CC6D8F54 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 33 / 33

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

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

<p>A. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Walter Herger, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 0AF713EF8522D98ED88</p> <p>Date of Disbursement 06 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 94C7C4AF84C85F15074</p> <p>Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Yarmuth for Congress</p> <p>Mailing Address 1819 Brownsboro Road</p> <p>City Louisville State KY Zip Code 40202</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John A. Yarmuth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: AD85618D0B1AD5FE72C</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

93000.00