

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
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2007 through 01 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 02 15 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		384594.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	384594.40									
(c) Total Receipts (from Line 19)	15386.77	15386.77								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	399981.17	399981.17								
7. Total Disbursements (from Line 31)	19652.16	19652.16								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	380329.01	380329.01								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	12250.00	12250.00
(i) Itemized (use Schedule A)	2122.00	2122.00
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	14372.00	14372.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	14372.00	14372.00
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)	1014.77	1014.77
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))	15386.77	15386.77
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15386.77	15386.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	1052.16	1052.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1052.16	1052.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18500.00	18500.00
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	100.00	100.00
(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))	100.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	19652.16	19652.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19652.16	19652.16

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	14372.00	14372.00
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14272.00	14272.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1052.16	1052.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	1014.77	1014.77
38. Net Operating Expenditures (subtract Line 37 from Line 36)	37.39	37.39

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19		
	<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

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

Full Name (Last, First, Middle Initial) A. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7	
Mailing Address 2151 Waukegan Road #100		Transaction ID: 020907-VQFF0E2FD0CD	
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. John Brush		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 844 Kempsville Road #204		Transaction ID: 020907-VQFF0DCFBE69	
City State Zip Code Norfolk VA 23502-3927	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants, Ltd.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. David Cziner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 33 Davis Avenue		Transaction ID: 95515ef1959d48d9962a	
City State Zip Code White Plains NY 10605-1030	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Westchester Medical	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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. Stephen Dempsey		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 8 South View Apartments Sitterley Road		Transaction ID: 6ae16f27b1314fa9a546	
City State Zip Code Clifton Park NY 12866-8624	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saratoga Cardiology Associates, PC	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Robert Dewey		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 23 Church Road		Transaction ID: 05301-42014712095261	
City State Zip Code Bedford NH 03102-3730	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer New England Heart InstituteCatholic Me	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Phillip Duncan		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 11930 Club Ridge Drive		Transaction ID: b60fe9672ed94738840f	
City State Zip Code Chester VA 23836-2564	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Heart 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		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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) Eric Elgin Mailing Address 5832 White Pebble Path City Clarksville State MD Zip Code 21029-1664 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7 Transaction ID: c3716ff3b9b04fb99b93 Amount of Each Receipt this Period 250.00
Name of Employer: Walter Reed Army Medical Center Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Michael Freed Mailing Address 48 Warren Street 300 Longwood Avenue City Newton State MA Zip Code 02115-5724 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7 Transaction ID: 05301-23731631040573 Amount of Each Receipt this Period 250.00
Name of Employer: Children's Hospital Occupation: PEDIATRIC CARD. 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) Anthony Furnary Mailing Address 9155 Southwest Barnes Road, #240 City Portland State OR Zip Code 97225-6629 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7 Transaction ID: 020907-VQEF0DCFC372 Amount of Each Receipt this Period 300.00
Name of Employer: Self-Employed Occupation: CARDIOVASC. SURG. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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. Jake Ichino		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 343 Elm Street Suite 400		Transaction ID: 05301-35830324888229
City State Zip Code Reno NV 89503-4541	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Reno Heart Physicians	Occupation CARDIOVASC. SURG.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kevin Klein		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 16918 Candeleda De Avila		Transaction ID: 639ff962e16d4cd0ab77
City State Zip Code Tampa FL 33613-4603	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Florida Heart and Vascular Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gregory Koshkarian		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 3350 E Finger Rock Circle 6080 N La Cholla Boulevard		Transaction ID: 020907-VXJF0DAB8CCD
City State Zip Code Tucson AZ 85741	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Heart Care of Southern Arizona Desert	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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)
Gregory Koshkarian

Mailing Address 3350 E Finger Rock Circle
6080 N La Cholla Boulevard

City Tucson State AZ Zip Code 85741

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

Name of Employer Heart Care of Southern Arizona Desert
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 2 3 / 2 0 0 7

Transaction ID: 020907-VQEF0E02C25E

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bruce Kowalski

Mailing Address 612 Fieldstone Drive

City Burlington State NC Zip Code 27215-8700

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: e426152c9a244e5aa2fa

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Marian Limacher

Mailing Address 4623 Northwest 63rd Terrace
1600 Southwest Archer Road

City Gainesville State FL Zip Code 32610-0277

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

Name of Employer University of Florida Division of Crdvs
Occupation ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: ef0890fcb4134883a110

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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. T. Randolph Lombardo		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address 5140 Oakmont Suite P2200		Transaction ID: c235264de5f943cf8d7b Amount of Each Receipt this Period 500.00
City State Zip Code Beaumont TX 77702-1501	FEC ID number of contributing federal political committee. C	
Name of Employer Advanced Cardiovascular Specialists	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. William Mecca		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 311 West 24th Street, Suite 401		Transaction ID: 05301-11843508481979 Amount of Each Receipt this Period 250.00
City State Zip Code Erie PA 16502-2667	FEC ID number of contributing federal political committee. C	
Name of Employer Consultants in Cardiovascular Diseases	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Joseph Messer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 540 Washington Avenue		Transaction ID: 4fea7035c8ef423dace4 Amount of Each Receipt this Period 1000.00
City State Zip Code Glencoe IL 60022-1837	FEC ID number of contributing federal political committee. C	
Name of Employer Rush University Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<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

Full Name (Last, First, Middle Initial) A. J. Michael O'Dowd		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 9 / 2 0 0 7
Mailing Address PO Box 850129		Transaction ID: 48c1d75eeb8542a5960c
City State Zip Code Mobile AL 36685-0129	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation ADULT CARDIOLOGY	
Name of Employer Self-Employed	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roger On		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 4835 Van Nuys Boulevard, #114		Transaction ID: 483b5d04639943b3a09d
City State Zip Code Sherman Oaks CA 91403-2137	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation ADULT CARDIOLOGY	
Name of Employer Self-Employed	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles Paraboschi		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 2 / 2 0 0 7
Mailing Address 1656 Powderhorn Drive		Transaction ID: b61c109b463f4b45a1d0
City State Zip Code Newtown PA 19067-5526	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Occupation ADULT CARDIOLOGY	
Name of Employer Mercer Bucks Cardiology	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 19
	<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. Chandrakant Patel		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 4639 Sun N Lake Boulevard		Transaction ID: e1014d70256a4e5080f1	
City State Zip Code Sebring FL 33872-2177	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Thomas Perry		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 1701 N Bridalwreath Street		Transaction ID: 05301-90615481138230	
City State Zip Code Tempe AZ 85031-1719	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Maryvale Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 750.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Patrick Simpson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address PO Box 5098		Transaction ID: 05301-45289248228073	
City State Zip Code Pinehurst NC 28374-8749	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Pinehurst Medical Clinic Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 19
	(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

Full Name (Last, First, Middle Initial) A. Daniel Spevack		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 600 W 246th Street Apt. 903 N2-Silver Zone Echo Lab		Transaction ID: f5d97b386309495396fa	
City State Zip Code Bronx NY 10467	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Montefiore Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. James Udelson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 7	
Mailing Address 750 Washington Street Box 70		Transaction ID: 05301-85723513364792	
City State Zip Code Boston MA 02111-1526	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Tufts - New England Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	12250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 19
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 47154-20527285337448

Amount of Each Receipt this Period
149.60

Reimburse for Dec. Amex Fees

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1014.77

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 7 / 2 0 0 7

Transaction ID: 47154-57966250181198

Amount of Each Receipt this Period
865.17

Reimburse for Jan. Disc./- Merchant Fees

SUBTOTAL of Receipts This Page (optional)	▶	1014.77
TOTAL This Period (last page this line number only)	▶	1014.77

**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 16 / 19

<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		Transaction ID: V79418-1350061297416 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 186.99
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement January Amex Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M46166-0847589373588 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 9.29
City New Albany State OH Zip Code 43054	Purpose of Disbursement January Discover Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M46166-2795221209526 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 403.63
City Knoxville State TN Zip Code 37920	Purpose of Disbursement January Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

599.91

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 17 / 19

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
January Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M46166-4403650164604

Date of Disbursement

01 / 03 / 2007

Amount of Each Disbursement this Period

452.25

SUBTOTAL of Disbursements This Page (optional)

452.25

TOTAL This Period (last page this line number only)

1052.16

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 19

<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

Full Name (Last, First, Middle Initial) A. Blue Dog Political Action Committee		Transaction ID: 15643-9127771258354 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 6849 Old Dominion Drive Suite 222		Amount of Each Disbursement this Period 5000.00
City McLean State VA Zip Code 22101		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Joe Pitts		Transaction ID: 15643-4070398211479 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City Unionville State PA Zip Code 19375		
Purpose of Disbursement Contribution Candidate Name Joseph Pitts	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Glacier PAC		Transaction ID: 15643-9352380633354 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7
Mailing Address 818 Connecticut Ave NW Suite 1009		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20006		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	11000.00
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 19 / 19

<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

Full Name (Last, First, Middle Initial) A. Matheson for Congress		Transaction ID: 15643-3781854510307
Mailing Address PO Box 521048 Suite A		Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
City Salt Lake City	State UT	Zip Code 84152
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 5000.00
Candidate Name Jim Matheson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District: 02	

Full Name (Last, First, Middle Initial) B. Nathan Deal for Congress		Transaction ID: 15643-3550378680229
Mailing Address PO Box 902		Date of Disbursement MM / DD / YYYY 01 / 23 / 2007
City Gainesville	State GA	Zip Code 30503
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name Nathan Deal		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 09	

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

18500.00