



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="36524.80"/>	<input type="text" value="36524.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="56877.98"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7774.16"/>	<input type="text" value="265560.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="64652.14"/>	<input type="text" value="302085.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31944.46"/>	<input type="text" value="269377.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32707.68"/>	<input type="text" value="32707.68"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6605.54	218835.05
(ii) Unitemized .....	706.82	37875.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7312.36	256710.77
(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) .....	7312.36	256710.77
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).....	461.80	8849.98
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7774.16	265560.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7774.16	265560.75

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	444.46	8751.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	444.46	8751.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31500.00	260200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	426.66
(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	426.66
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31944.46	269377.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31944.46	269377.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7312.36	256710.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	426.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7312.36	256284.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	444.46	8751.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	461.80	8849.98
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-17.34	-98.77

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<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. Nizar A. Assi F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10012 Kennerly Rd  
 Ste 301  
 City Saint Louis State MO Zip Code 63128-2197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gateway Cardiology, PC Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 25 / 2015  
**Transaction ID : 4BC99AFFDD60A84B1B27**  
 Amount of Each Receipt this Period 30.42

**B. Alfred A. Bove PHD, M.A.C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3401 N Broad St  
 Parkinson Pavilion Suite 920  
 City Philadelphia State PA Zip Code 19140-5103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Temple University Hospital Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : 4937B53E4E32C04509F6**  
 Amount of Each Receipt this Period 100.00

**c. Joseph G. Cacchione F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9500 Euclid Ave  
 Desk J2-3  
 City Cleveland State OH Zip Code 44195-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cleveland Clinic Foundation Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 09 / 25 / 2015  
**Transaction ID : 4781B4DAE32A51BF965B**  
 Amount of Each Receipt this Period 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	255.42
<b>TOTAL</b> 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 7 OF 31
	<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. Peter J. Chaille F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 427 Chestnut Forest Cv  
 City Fort Wayne State IN Zip Code 46814-8926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parkview Physicians Group, Cardiology Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 03 / 2015  
**Transaction ID : 42E5A84A4E638DD03B3B**  
 Amount of Each Receipt this Period 41.66

**B. Hollace D. Chastain F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4470 Brook Hollow Dr  
 City Fort Wayne State IN Zip Code 46814-9742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2015  
**Transaction ID : 43CFB16F4C4D8102A531**  
 Amount of Each Receipt this Period 100.00

**c. Richard A. Chazal F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 671 N Town and River Dr  
 City Fort Myers State FL Zip Code 33919-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lee Physician Group-The Heart Group Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 07 / 2015  
**Transaction ID : 4EA78C2947367C445FDD**  
 Amount of Each Receipt this Period 83.34

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<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. Arthur Lee Eberly F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 Chamberlain Ct  
 City Greenville State SC Zip Code 29605-3161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carolina Cardiology Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **541.71**

Date of Receipt **09 / 01 / 2015**  
**Transaction ID : 49F3AE8AC2F50A76189B**  
 Amount of Each Receipt this Period **83.34**

**B. David M. Evans F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 Ashlei Ln  
 City Searcy State AR Zip Code 72143-3024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heart Clinic Arkansas Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900.00**

Date of Receipt **09 / 09 / 2015**  
**Transaction ID : 4517BA37EE19A752C98B**  
 Amount of Each Receipt this Period **100.00**

**C. Michael F. Gilson F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Prospect St  
 City Providence State RI Zip Code 02906-1446  
 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 **900.00**

Date of Receipt **09 / 03 / 2015**  
**Transaction ID : 43E69226882FEF016958**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **283.34**  
**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 10 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Prospero B. Gogo F.A.C.C.</b>		Date of Receipt
Mailing Address 111 Colchester Ave McClure1 Cardiology		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 445B8CE97C46E2EA740A</b>
Name of Employer Interventional-Univ. of Vermont/Fletch		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.06"/>	

Full Name (Last, First, Middle Initial) <b>B. Thomas A. Haffey F.A.C.C.</b>		Date of Receipt
Mailing Address 9141 Grant St Ste 140		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Thornton	State CO	Zip Code 80229-4367
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 41C6B3570E75785B2F4B</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1250.10"/>	

Full Name (Last, First, Middle Initial) <b>C. Thomas A. Haffey F.A.C.C.</b>		Date of Receipt
Mailing Address 10933 Meade Ct		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Westminster	State CO	Zip Code 80031-2124
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 426C9326166626ED5F3F</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1250.10"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.02"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<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. John Gordon Harold M.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2473 Jupiter Dr  
 City Los Angeles State CA Zip Code 90046-1752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cedars-Sinai Medical Center Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1666.72**

Date of Receipt **09 / 07 / 2015**  
**Transaction ID : 400192A93C6A2F4969E8**  
 Amount of Each Receipt this Period **208.34**

**B. David R. Holmes M.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 1st St SW Smh MG4-523  
 City Rochester State MN Zip Code 55905-0001  
 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 **750.06**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 46DAABF48CD6932267D**  
 Amount of Each Receipt this Period **83.34**

**C. Daniel J. Humiston F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2132 N 1700 W Ste 200  
 City Layton State UT Zip Code 84041-7060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Utah Cardiology, PC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1875.06**

Date of Receipt **09 / 07 / 2015**  
**Transaction ID : 470CB7C007F0A918A59C**  
 Amount of Each Receipt this Period **208.34**

**SUBTOTAL** of Receipts This Page (optional)..... **500.02**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<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. Saji C. Jacob F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5116 Lake Crest Cir  
 City Hoover State AL Zip Code 35226-5027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Associates of the South Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2015  
**Transaction ID : 46ADA9D6AE4DD2CBB3D**  
 Amount of Each Receipt this Period 25.00

**B. John M. Johnstone MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 819 W Main St  
 City Richmond State KY Zip Code 40475-1114  
 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 ▼ 225.00

Date of Receipt 09 / 24 / 2015  
**Transaction ID : 47C0AEAF0263C3F5CB82**  
 Amount of Each Receipt this Period 25.00

**c. Thomas Kason F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 S Adams St  
 City Hinsdale State IL Zip Code 60521-3134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Heart Care Centers of Illinois Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 21 / 2015  
**Transaction ID : D8B5C216-C685-4891-**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00  
**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 13 OF 31
	<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	<input type="checkbox"/> 17

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

**A. Smadar Kort F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Mimosa Dr  
 City Roslyn State NY Zip Code 11576-2215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stony Brook University Medical Center ECHOCARDIOGRAPHY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 24 / 2015  
**Transaction ID : 49098B81F389F7892B32**  
 Amount of Each Receipt this Period  
 83.34

**B. Gilbert A. Leidig F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Centurian Dr Ste 200  
 City Newark State DE Zip Code 19713-2150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cardiology Physicians, P.A.Abby Medica INTERVENTIONAL CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2015  
**Transaction ID : 47CB9638A690829BFE9E**  
 Amount of Each Receipt this Period  
 25.00

**C. Steve Leung F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3749 Horsemint Trl  
 City Lexington State KY Zip Code 40509-2947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 University of Kentucky ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 416.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : 42C8B02B0C91CD5F140F**  
 Amount of Each Receipt this Period  
 83.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	191.68
<b>TOTAL</b> 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 OF 31
	<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. Thomas J. Lewandowski F.A.C.C.**

Mailing Address 113 Limekiln Dr

City Neenah State WI Zip Code 54956-4213

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

Name of Employer Appleton Cardiology ThedaCare Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1680.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2015**

Transaction ID : **49BEAEA68EBE9430F325**

Amount of Each Receipt this Period  
**210.00**

Full Name (Last, First, Middle Initial)  
**B. Sandra J. Lewis F.A.C.C.**

Mailing Address 5342 SW Hewett Blvd

City Portland State OR Zip Code 97221-2254

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **781.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 07 / 2015**

Transaction ID : **4F4988EA43AEAE16FECF**

Amount of Each Receipt this Period  
**83.34**

Full Name (Last, First, Middle Initial)  
**c. Sunil V. Mankad F.A.C.C.**

Mailing Address 200 1st St SW  
Gonda 5 South Room 5-209

City Rochester State MN Zip Code 55905-0001

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 ▼ **749.97**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2015**

Transaction ID : **4128ADC55C9A65034EA4**

Amount of Each Receipt this Period  
**83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **376.67**

**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 15 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. J. Jeffrey Marshall F.A.C.C.</b>		Date of Receipt
Mailing Address 200 S Enota Dr NE Ste 200		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gainesville	GA	30501-3466
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4B69AEE492053E32B588</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
The Heart Center	ADULT CARDIOLOGY	<input type="text" value="208.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1666.72"/>	

Full Name (Last, First, Middle Initial) <b>B. Laxmi S. Mehta F.A.C.C.</b>		Date of Receipt
Mailing Address 5037 Canterbury Dr Ste 200		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Powell	OH	43065-8615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4EB7A2A2D3DF7D632C0C</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Ohio State University	PREVENTIVE CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.04"/>	

Full Name (Last, First, Middle Initial) <b>c. Marc A. Mugmon F.A.C.C.</b>		Date of Receipt
Mailing Address 7193 Collingwood Ct		<input type="text" value="09"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Elkridge	MD	21075-5548
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 45BCBD7F81A3153891FA</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Chesapeake CardioVascular Associates	ADULT CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="750.06"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.02"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 31
	<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. Roberto Pacheco F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3305 Quail Chase  
 City Springfield State IL Zip Code 62711-7850  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Prairie Cardiovascular Consultants INTERVENTIONAL CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1165.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 42CAB6A85327891818CA**  
 Amount of Each Receipt this Period  
 83.33

**B. Vaughn W. Payne F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6713 Regal Rd Ste 400  
 City Louisville State KY Zip Code 40222-6195  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Caresource ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 749.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2015  
**Transaction ID : 48A793E7E2B9E9E02172**  
 Amount of Each Receipt this Period  
 83.33

**C. William H. Pentz F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 W Washington Sq Fl 3  
 City Philadelphia State PA Zip Code 19106-3500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Penn Cardiology At Pennsylvania Hospit ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 810.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 01 / 2015  
**Transaction ID : 43479987D3EF2D0BA514**  
 Amount of Each Receipt this Period  
 90.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 256.66  
**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 17 OF 31
	<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	<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. Neal S. Perlmutter F.A.C.C.**

Mailing Address 7002 126th Ave NE

City State Zip Code  
Kirkland WA 98033-8325

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.08

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2015  
**Transaction ID : 45A88FF686232A7C9142**

Amount of Each Receipt this Period  
41.68

Full Name (Last, First, Middle Initial)  
**B. Matthew Phillips F.A.C.C.**

Mailing Address 12721 Monte Castillo Pkwy

City State Zip Code  
Austin TX 78732-1631

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

Name of Employer Occupation  
Austin Heart, P.A. ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.72

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 20 / 2015  
**Transaction ID : 406A839B66CE35A50D79**

Amount of Each Receipt this Period  
83.34

Full Name (Last, First, Middle Initial)  
**C. John W. Pickrell F.A.C.C.**

Mailing Address 1230 E 1st St

City State Zip Code  
Casper WY 82601-2704

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

Name of Employer Occupation  
Wyoming CardioPulmonary CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2015  
**Transaction ID : 4C08A4309BC6338AF7D9**

Amount of Each Receipt this Period  
85.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	210.02
<b>TOTAL</b> 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 18 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Geetha Raghuveer F.A.C.C.</b>		Date of Receipt
Mailing Address 5354 Mission Woods Rd		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Shawnee Mission	KS	66205-2008
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 40DF81AB4084BAD72472</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Children's Mercy Hospital	PEDIATRIC CARDIOLOGY	<input type="text" value="208.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1666.72"/>	

Full Name (Last, First, Middle Initial) <b>B. George P. Rodgers F.A.C.C.</b>		Date of Receipt
Mailing Address 2441 Westlake Dr		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Austin	TX	78746-2950
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 4D119A54E4220A1258DB</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Seton Heart Institute	ADULT CARDIOLOGY	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Orlando Rodriguez-Vila F.A.C.C.</b>		Date of Receipt
Mailing Address PO Box 33038		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Juan	PR	00933-3038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 431CB252ED262ADA8EDA</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Assistant Chief, Medical Service, Cath	INTERVENTIONAL CARDIOLOGY	<input type="text" value="83.34"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="583.38"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="391.68"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 19 OF 31
	<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	<input type="checkbox"/> 17

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

**A. David A. Rosenbaum F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14585 Millhaven Pl  
 City Colorado Springs State CO Zip Code 80908-3267  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CHMG Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.06**

Date of Receipt **09 / 07 / 2015**  
**Transaction ID : 445CBF35C5B2EFE8C0F0**  
 Amount of Each Receipt this Period **83.34**

**B. Robert L. Rothbard F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Via Tuscany  
 City Winter Park State FL Zip Code 32789-1558  
 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 **225.00**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 4E2DB77175118A3B24C9**  
 Amount of Each Receipt this Period **25.00**

**c. John S. Rumsfeld PHD, F.A.C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 S Cherry St  
 City Denver State CO Zip Code 80246-1031  
 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 **749.97**

Date of Receipt **09 / 25 / 2015**  
**Transaction ID : 4F43ACA67F463E630157**  
 Amount of Each Receipt this Period **83.33**

**SUBTOTAL** of Receipts This Page (optional)..... **191.67**  
**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 20 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael K. Schroyer A.A.C.C.</b>		Date of Receipt
Mailing Address 9065 Pebblepointe Cir		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Zionsville	IN	46077-8992
FEC ID number of contributing federal political committee.		Transaction ID : <b>4B448EAE09868898EF9F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
Saint Vincent Heart Center of Indiana	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="666.72"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Michael J. Springer F.A.C.C.</b>		Date of Receipt
Mailing Address 803 Towner Pl Ste 200		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
City	State	Zip Code
Louisville	KY	40223-2568
FEC ID number of contributing federal political committee.		Transaction ID : <b>4263A15881E85E6C514D</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="41.66"/>
Name of Employer	Occupation	
Norton Cardiovascular Associates	ELECTROPHYSIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="374.94"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. David B. Stultz F.A.C.C.</b>		Date of Receipt
Mailing Address 10841 Waterbury Ridge Ln		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Centerville	OH	45458-6059
FEC ID number of contributing federal political committee.		Transaction ID : <b>80E0CE0E-2CE5-419F-</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Southwest Cardiology Inc.	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 31
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Mary Norine Walsh F.A.C.C.</b>		Date of Receipt
Mailing Address 428 W 83rd Pl		M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2015
City	State	Zip Code
Indianapolis	IN	46260-4905
FEC ID number of contributing federal political committee.	<b>C</b>	
Name of Employer	Occupation	
St Vincent Heart Center of Indiana	HEART FAILURE/TRANSPLANT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	800.00	
		Amount of Each Receipt this Period
		100.00
<b>Transaction ID : 4924B35918E502DDB2EF</b>		

Full Name (Last, First, Middle Initial) <b>B. Bruce A. Watt F.A.C.C.</b>		Date of Receipt
Mailing Address 221 E 21st St		M M M / D D D / Y Y Y Y Y Y 09 / 08 / 2015
City	State	Zip Code
Sioux Falls	SD	57105-1924
FEC ID number of contributing federal political committee.	<b>C</b>	
Name of Employer	Occupation	
North Central Heart Institute	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	749.97	
		Amount of Each Receipt this Period
		83.33
<b>Transaction ID : 4961BC7753A1CCC2F88E</b>		

Full Name (Last, First, Middle Initial) <b>C. B. Hadley Wilson MD</b>		Date of Receipt
Mailing Address 1001 Blythe Blvd Ste 300		M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2015
City	State	Zip Code
Charlotte	NC	28203-5863
FEC ID number of contributing federal political committee.	<b>C</b>	
Name of Employer	Occupation	
Sanger Clinic, PA	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	640.00	
		Amount of Each Receipt this Period
		90.00
<b>Transaction ID : 4CEE92791AC96F780F07</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	273.33
<b>TOTAL</b> 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 23 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <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. John R. Windle F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 982265 Nebraska Medical Ctr  
 City Omaha State NE Zip Code 68198-2265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Nebraska Medical CenterC Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015  
**Transaction ID : 4E497BB0-5C87-477A-**  
 Amount of Each Receipt this Period  
 250.00

**B. Ross R. Zimmer F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 N 39th St  
 4th Floor Penn Heart/Vascular Inst  
 City Philadelphia State PA Zip Code 19104-2640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn-Presbyterian Med Ctr Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2015  
**Transaction ID : 8F2D2712-90AA-411F-**  
 Amount of Each Receipt this Period  
 250.00

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	6605.54

**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 24 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. American College of Cardiology - Admin Account**

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

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8849.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : 2509A812E0803DF055E**

Amount of Each Receipt this Period  
461.80

Reimbursement for August 2015 Amex Fees and September 2015 Merchant Fees

**B.**

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

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

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	461.80
<b>TOTAL</b> This Period (last page this line number only).....▶	461.80

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
September 2015 Amex Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : V0767C637E576A0BACEC**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
September 2015 Merchant Fees

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : ME28E435A719CB7C60DA**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**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**

Full Name (Last, First, Middle Initial)

**A. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Gus Michael Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

**Transaction ID : AC779A3DBDCEBB98B6C**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Bill Flores for Congress**

Mailing Address PO Box 6207

City Bryan State TX Zip Code 77805

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**William H. Flores**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : EA8A4898558860694CC**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blumenauer for Congress**

Mailing Address 232 NE 9th

City Portland State OR Zip Code 97232

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Earl Francis Blumenauer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 905A30EF04683470F7F**

Amount of Each Disbursement this Period

2500.00

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

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Citizens for Rush**

Mailing Address PO Box 7292

City Chicago State IL Zip Code 60680-7292

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Bobby Lee Rush**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : 71BD82E9A531F139616**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Devin G. Nunes**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

**Transaction ID : A910617A981A03E5820**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Dr. Raul Ruiz for Congress**

Mailing Address PO Box 3433

City Palm Desert State CA Zip Code 92261

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Raul Ruiz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 36

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

**Transaction ID : 312E2DC75C3E2671383**

Amount of Each Disbursement this Period

1000.00

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

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 General

011

Category/  
Type

Candidate Name

**Patrick Joseph Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : B43FEA23C22B9B5F0DE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Patrick Joseph Toomey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : EAD67965D8FA60BE865

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Grassley Committee Inc**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Charles E. Grassley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : 6BD37D4E8FEB225663F

Amount of Each Disbursement this Period

1000.00

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

2500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Guthrie for Congress**

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102-9639

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**S. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**Transaction ID : 8071812C6E99096C737**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Marsha Blackburn for Congress, Inc.**

Mailing Address PO Box 3750

City Brentwood State TN Zip Code 37024-3750

Purpose of Disbursement  
2016 Primary

011

Category/  
Type

Candidate Name

**Marsha Wedgeworth Blackburn**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

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

**Transaction ID : AC8B11436078B815754**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**ORRINPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

State: District:

Date of Disbursement

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

**Transaction ID : FDC73CBFFEDB3BD6999**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. Pascrell for Congress**

Mailing Address POB 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William James Pascrell Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : 44D92874F4011C576ED

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Paul Tonko for Congress**

Mailing Address 911 Central Avenue  
# 221

City Albany State NY Zip Code 12206

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Paul David Tonko**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2015

Transaction ID : D2FA45896A08ADF2C54

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Renee Ellmers for Congress Committee**

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Renee L. Ellmers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : 428302FF5F0C9AC1546

Amount of Each Disbursement this Period

2500.00

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

4500.00

**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**

Full Name (Last, First, Middle Initial)

**A. Tuesday Group Political Action Committee**

Mailing Address 209 Pennsylvania Avenue, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Tuesday Group Political Action Committee**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2015

Transaction ID : C9DE2C3436C954D2751

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Victory in November Election PAC (VINEPAC)**

Mailing Address 700 13th Street, NW Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Victory in November Election PAC (VINEPAC)**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : 22117521D9963235686

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Voice for Freedom**

Mailing Address 2700 Cumberland Parkway, Suite 150

City Atlanta State GA Zip Code 30339

Purpose of Disbursement  
2015 Contribution

011

Category/  
Type

Candidate Name

**Voice for Freedom**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Date of Disbursement

MM / DD / YYYY  
09 / 30 / 2015

Transaction ID : 292889F3E58B6D1304F

Amount of Each Disbursement this Period

5000.00

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

10000.00

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

31500.00