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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines.

12FE4M5

CARDIOLOGY ADVOCACY ALLIANCE PAC

ADDRESS (number and street) ▼ 11065 HOMESHORE DRIVE

[X] Check if different than previously reported. (ACC)

PINCKNEY MI 48169-

2. FEC IDENTIFICATION NUMBER ▼ C00421040

CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [X] October 15 Quarterly Report (Q3)
- [ ] January 31 Year-End 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 (12S)

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 07 / 01 / 2006 through 09 / 30 / 2006

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 Margo L. Burrage

Signature of Treasurer Margo Burrage Date 10 / 13 / 2006

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

Office Use Only							

FEC FORM 3X
Rev. 12/2004

FE6AN026

26039021630

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Cardiology Advocacy Alliance PAC LLC

Report Covering the Period: From: 07 01 2006 To: 09 30 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period	37006.50	
(c) Total Receipts (from Line 19)	2225.00	45231.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39231.50	45231.50
7. Total Disbursements (from Line 31)	5000.00	11000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34231.50	34231.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☐ 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

26021251531

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 08/2004)

Write or Type Committee Name
Cardiology Advocacy Alliance PAC LLC

Report Covering the Period: From: 07 / 01 / 2006 To: 09 / 30 / 2006

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)	2225.00	45,231.50
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	2225.00	45,231.50
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	2225.00	45,231.50
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	2,225.00	45,231.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	2225.00	45,231.50

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	14.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	14.50
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	11,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5000.00	11,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	500000	10,985.50

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22250.00	45,231.50
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	14.50
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0	14.50

26039213534

FE8AN026

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 1 OF 7

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Cardiology Advocacy Alliance PAC LLC

A. Full Name (Last, First, Middle Initial)
Barzallo, Marco A MD
Mailing Address
5465 N. Knoxville Ave.
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. C
Name of Employer HeartCare Midwest SC
Occupation Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 7500
Date of Receipt 09 27 2006
Amount of Each Receipt this Period 7500

B. Full Name (Last, First, Middle Initial)
Bauernfiend, Robert A MD
Mailing Address
5405 N. Knoxville Ave
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. C
Name of Employer HeartCare Midwest SC
Occupation Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 7500
Date of Receipt 09 27 2006
Amount of Each Receipt this Period 7500

C. Full Name (Last, First, Middle Initial)
Clemson, Barry S MD
Mailing Address
5405 Knoxville Ave.
City Peoria State IL Zip Code 61614
FEC ID number of contributing federal political committee. C
Name of Employer HeartCare Midwest SC
Occupation Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 7500
Date of Receipt 09 27 2006
Amount of Each Receipt this Period 7500

SUBTOTAL of Receipts This Page (optional) ▶ 22500

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

26039213635

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 2 OF 7

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC LLC

A. Full Name (Last, First, Middle Initial): Crawford, Robert D MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 / 27 / 2006
Amount of Each Receipt this Period: 75.00

B. Full Name (Last, First, Middle Initial): Dhanekula, Leela S. MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 / 27 / 2006
Amount of Each Receipt this Period: 75.00

C. Full Name (Last, First, Middle Initial): Gumm, Darrel C MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest Occupation: Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 / 27 / 2006
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

26039213936

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 3 OF 7
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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): Cardiology Advocacy Alliance PAC LLC

A.
Full Name (Last, First, Middle Initial): Jackson, Mark D MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC
Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Kurtz, Craig S. MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC
Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): Malik, Fayaz M.
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC
Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

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

26039213637

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 4 OF 7

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC LLC

A.
Full Name (Last, First, Middle Initial): McElroy, Donald B MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 150.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 150.00

B.
Full Name (Last, First, Middle Initial): McDonough, Timothy J MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): McRae, R. Parker MD
Mailing Address: 5405 N Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

26029215530

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 5 OF 7
☑ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC LLC

A.
Full Name (Last, First, Middle Initial): Munns, James R MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Rabjohns, Ronald R MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): Rashid, John F MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

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

26039213639

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 7

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC LLC

A.
Full Name (Last, First, Middle Initial): Schmidt, Paul J MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

B.
Full Name (Last, First, Middle Initial): Smalley, James R MD
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): Wise, N. Kent
Mailing Address: 5405 N. Knoxville Ave
City: Peoria State: IL Zip Code: 61614
FEC ID number of contributing federal political committee: C
Name of Employer: HeartCare Midwest SC Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

2603921364B

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 7

☑ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC LLC

A.
Full Name (Last, First, Middle Initial): Gremillion, S.T. MD
Mailing Address: 7777 Hennessy Blvd Ste 1000
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Louisiana Cardiology Assoc. Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 200.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 200.00

B.
Full Name (Last, First, Middle Initial): Hathorn, Bryan MD
Mailing Address: 7777 Hennessy Blvd Ste 1000
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Louisiana Cardiology Assoc. Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 75.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 75.00

C.
Full Name (Last, First, Middle Initial): Deumite, Joseph MD
Mailing Address: 7777 Hennessy Blvd Ste 1000
City: Baton Rouge State: LA Zip Code: 70808
FEC ID number of contributing federal political committee: C
Name of Employer: Louisiana Cardiology Assoc. Occupation: physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 27 2006
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 775.00

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

26039213641

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC

A.
Full Name (Last, First, Middle Initial): Nancy Johnson for Congress
Mailing Address: 2875 Towerview Road Suite 1000
City: Herndon State: VA Zip Code: 20171
Purpose of Disbursement: Political Contribution
Category/Type: 011
Candidate Name: Nancy Johnson
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 5
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 20 2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial): Hall for Congress
Mailing Address: 310 E Capitol St NE Ste A
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Political contribution
Category/Type: 011
Candidate Name: Ralph Hall
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 4
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 20 2006
Amount of Each Disbursement this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): National Republican Congressional Committee
Mailing Address: 320 First Street SE
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Political Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 20 2006
Amount of Each Disbursement this Period: 2,000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4,000.00

TOTAL This Period (last page this line number only) ▶ 5,000.00

26039213642

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full): Cardiology Advocacy Alliance PAC

A.
Full Name (Last, First, Middle Initial): Cantor for Congress
Mailing Address: P.O. Box 17813
City: Richmond State: VA Zip Code: 23226
Purpose of Disbursement: Political Contribution
Candidate Name: Eric Cantor
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 7
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 / 21 / 2006
Amount of Each Disbursement this Period: 1,000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Category/Type:
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1,000.00

TOTAL This Period (last page this line number only) ▶ 5,000.00

26020213643

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
	Delivery Confirmation™ or Signature Confirmation™ Label ☐
☑ USPS Express Mail	Postmarked 10-13-06
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
Jmp PREPARER	10-15-06 DATE PREPARED

(3/2005)

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