

Image# 26940633630

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE LLC (CAA PAC)		2. FEC IDENTIFICATION NUMBER C00421040
(b) Number and Street Address 11065 HOMESHORE DRIVE		
(c) City, State and ZIP Code PINCKNEY MI 48169		3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input checked="" type="checkbox"/> OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. STATUS BY AFFILIATION: The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: - _____

FEC Identification Number: _____

5. STATUS BY QUALIFICATION:

(a) candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY state party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	JR, CHARLES W. BOUSTANY	House	LA 07	05/12/2006
(ii)	MICHAEL B ENZI	Senate	WY 00	05/12/2006
(iii)	MICHAEL C DR BURGESS	House	TX 26	05/12/2006
(iv)	CAROLYN MCCARTHY	House	NY 04	06/02/2006
(v)	JOSEPH R PITTS	House	PA 16	06/02/2006

(b) Contributors: The committee received a contribution from its 51st contributor on: _____ 10/30/2006

(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: _____ 03/03/2006

(d) Qualification: The committee met the above requirements on: _____ 10/30/2006

I certify that I have examined this Statement 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 Electronically Filed by Margo L Burrage	DATE 12/06/2006
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Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:
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Toll-free 800-424-9530
Local 202-694-1100