

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2009 through 08 31 2009

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

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 09 18 2009

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	119861.99									
(c) Total Receipts (from Line 19) .....	66263.73	355402.31								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	186125.72	498123.67								
7. Total Disbursements (from Line 31) .....	54201.47	366199.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	131924.25	131924.25								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	57201.91	285476.63
(ii) Unitemized .....	7784.90	61485.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	64986.81	346961.83
(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) .....	64986.81	346961.83
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) .....	1276.92	8440.48
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)) .....	66263.73	355402.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	66263.73	355402.31

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	1701.47	8699.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1701.47	8699.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	52500.00	357500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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)) .....	0.00	0.00
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))..	54201.47	366199.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54201.47	366199.42

**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) .....	64986.81	346961.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	64986.81	346961.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1701.47	8699.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1276.92	8440.48
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	424.55	258.94

# 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 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 30 / 2009
	Mailing Address 2256 Carlyle Court	<b>Transaction ID:</b> 4B5BA7B8A09196F032C4
	City State Zip Code Buffalo Grove IL 60015-1857	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer North Shore Cardiologists, SC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 425 McKean Drive	<b>Transaction ID:</b> 43A1A29750235896B889
	City State Zip Code Wexford PA 15090-7327	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Pittsburgh Medical Centre	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 637.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen J. Angeli, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 19 Timberline Road	<b>Transaction ID:</b> DADFFD37260E733974D
	City State Zip Code Ho Ho Kus NJ 07423-1716	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>541.00</b>
<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: PAGE 7 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jayant H. Barai, MD, F.A.C.

Mailing Address 345 Henry Street Suite 105

City State Zip Code  
Orange NJ 07050-2577

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 9C3DE89F93CDAA813B7

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Scott B. Baron, M.D., F.A.

Mailing Address 6347 Coyle Avenue

City State Zip Code  
Carmichael CA 95608-0438

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

Name of Employer Self-Employed Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 52BD7FD460C16BBC229

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Michael A. Basnight, M.D., F.A.

Mailing Address 461 Bayshore Drive

City State Zip Code  
Nokomis FL 34275-1909

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

Name of Employer Heart Center Inc Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 2284CCDA2538ABCA4E5

Amount of Each Receipt this Period  
250.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 West 89th Street

City Leawood State KS Zip Code 66206-1629

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

Name of Employer Cardiovascular Consultant-s, PC Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 29 / 2009

**Transaction ID:** 426DAF9FE30042C9CCC8

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Louis L. Battey, Jr., M.D.,

Mailing Address 1076 Brookhaven Square

City Atlanta State GA Zip Code 30319-2878

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 ▼ 750.00

Date of Receipt 08 / 14 / 2009

**Transaction ID:** 4B62182EF58393D8439

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
G. David Beiser, M.D., F.A.

Mailing Address 317 East Benton Drive

City Appleton State WI Zip Code 54913-8689

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 ▼ 250.00

Date of Receipt 08 / 10 / 2009

**Transaction ID:** 9D0EF36F1F1A8FAE1AD

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 68		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) J. William Benghe, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 12 / 2009		
	Mailing Address 1320 Kennicott Drive		<b>Transaction ID:</b> 0AEB3C5555B0B87A51F		
	City Lake Forest	State IL	Zip Code 60045-1552	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Lake Heart Specialists		Occupation INTERVENTIONAL CARDIOLOGY		

<b>B.</b>	Full Name (Last, First, Middle Initial) Darel J. Benvenuti, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 355 Placentia Avenue, #100		<b>Transaction ID:</b> 06B8195A9DC25DF036F		
	City Newport Beach	State CA	Zip Code 92663-3301	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY		

<b>C.</b>	Full Name (Last, First, Middle Initial) Claire Boccia Liang, M.D.		Date of Receipt MM / DD / YYYY 08 / 19 / 2009		
	Mailing Address 10 Cross Gates		<b>Transaction ID:</b> 8BCD4A9EDBDA51FB6D6		
	City Short Hills	State NJ	Zip Code 07078-2106	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Claire Boccia Liang, M.D., PA		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 10 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Meryl L. Braunstein, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 10 / 2009		
	Mailing Address 1242 Wildcliff Parkway		<b>Transaction ID:</b> B8D53CD056384F93BA9		
	City Atlanta	State GA	Zip Code 30329-3475	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Atlanta Heart Associates		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth P. Brin, M.D., Ph.D.		Date of Receipt MM / DD / YYYY 08 / 02 / 2009		
	Mailing Address 528 Castle Wynd Drive		<b>Transaction ID:</b> EEA09634-912A-446D-		
	City Loves Park	State IL	Zip Code 61111-8967	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Midwest Heart Specialists		Occupation ADULT CARDIOLOGY		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ralph Brindis, M.D., M.P.		Date of Receipt MM / DD / YYYY 08 / 03 / 2009		
	Mailing Address 1410 Monterey Blvd		<b>Transaction ID:</b> 4D138CCE19D4EBFADC35		
	City San Francisco	State CA	Zip Code 94127-2554	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Name of Employer Oakland Kaiser Medical Center		Occupation INTERVENTIONAL CARDIOLOGY		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<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: PAGE 11 / 68  
(check only one)

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

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

**A.**

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

Mailing Address 1912 Alta Vista Court  
801 S Washington Street

City Naperville State IL Zip Code 60563

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 30 / 2009  
**Transaction ID:** 4FD6962161B764BE433B

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Vincent J. Bufalino, M.D., F.A.

Mailing Address 583 Hill Avenue

City Glen Ellyn State IL Zip Code 60137-5033

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2009  
**Transaction ID:** 139F1D0AACDE7844A50

Amount of Each Receipt this Period 500.00

**C.**

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

Mailing Address 5740 Hickory Knoll Court

City Fairview State PA Zip Code 16415-3246

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

Name of Employer St. Vincent Health Center Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 13 / 2009  
**Transaction ID:** 46C9B10BEECB211D12C3

Amount of Each Receipt this Period 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Cantor, M.B.B.S.,

Mailing Address 980 Willow Creek Road Suite 201

City State Zip Code  
Prescott AZ 86301-1616

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: 5DBAB8C947D073B370A

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen Cantor, M.B.B.S.,

Mailing Address 980 Willow Creek Road Suite 201

City State Zip Code  
Prescott AZ 86301-1616

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 2 / 2 0 0 9

Transaction ID: 355A7F972C67FF561D5

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey F. Caren, M.D., F.A.

Mailing Address 8635 W Third Street Suite 890W

City State Zip Code  
Los Angeles CA 90048-6117

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: 3BD8F8685765A3B1683

Amount of Each Receipt this Period

250.00

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

1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
James R. Carroll, M.D., F.A.

Mailing Address 0S524 Rebecca Lane

City Winfield State IL Zip Code 60190-1500

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

Name of Employer DuPage Medical Group Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2009  
**Transaction ID:** 7F77F781B9289FF8247  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael P. Cecil, M.D., F.A.

Mailing Address 4103 Club Drive, Northeast

City Atlanta State GA Zip Code 30319-1115

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

Name of Employer Georgia Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2009  
**Transaction ID:** 01010700F1D61F4F479  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Yzhar Charuzi, M.D., F.A.

Mailing Address 8635 West Third St., Suite 355-W

City Los Angeles State CA Zip Code 90048-6112

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

Name of Employer Cedars-Sinai Med. Towers Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 19 / 2009  
**Transaction ID:** 5AA899F269476CE5D80  
Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Hollace D. Chastain, II, M.D.,  
Mailing Address 1819 Breamar Drive

City State Zip Code  
Fort Wayne IN 46814-9364

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

Name of Employer Occupation  
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
08 / 30 / 2009

**Transaction ID:** 4208A2759878C75D9C6E

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas T. Chen, M.D., F.A.  
Mailing Address 39-07 Prince Street, Suite 3A

City State Zip Code  
Flushing NY 11354-5321

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 78BFD9E9E7B2A4C4A69

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Leonid Chernov, M.D., F.A.  
Mailing Address 2310 65th Street 2 Floor

City State Zip Code  
Brooklyn NY 11204

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

Name of Employer Occupation  
Amber Hearf Medical PC ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** 73B10C7C95C3CF953DF

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 68  
(check only one)

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

**A.**

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

Mailing Address 95 Johnny Cake Lane

City State Zip Code  
Glastonbury CT 06033-2545

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2009

**Transaction ID:** 413C860C50A2E3D2FB89

Amount of Each Receipt this Period  
50.00

**B.**

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

Mailing Address 3821 Shoal Creek Ct

City State Zip Code  
Augusta GA 30907-9431

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

Name of Employer Augusta Cardiology Clinic  
Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** E006EAEEF72939CB60F

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 3343 Springhill Suite 1035

City State Zip Code  
North Little Rock AR 72117-2930

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

Name of Employer Arkansas Cardiology, P.A.  
Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 5F9754A75CFDEF9A24A

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 16 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Taylor Cope, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 3611 183rd Street	<b>Transaction ID:</b> B3B0E55C9542581FE07
	City State Zip Code Hazel Crest IL 60429-2409	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela Craven, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 7506 Northwest 23rd Street	<b>Transaction ID:</b> E9741B0A50DB665918B
	City State Zip Code Bethany OK 73008-4942	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Oklahoma Cardiovascular Assoc. Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) George H. Crossley, III, M.D.,	Date of Receipt MM / DD / YYYY 08 / 09 / 2009
	Mailing Address 276 Stratton Court	<b>Transaction ID:</b> 49A7BE4D38C57996AEAA
	City State Zip Code Brentwood TN 37027-4228	Amount of Each Receipt this Period 167.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer St. Thomas Heart Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1835.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1167.00</b>
<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 17 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ira M. Dauber, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 9933 E Berry Drive 1000 Southpark Drive	<b>Transaction ID:</b> 296F9A691DEDB037FB4
	City Englewood State CO Zip Code 80111	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer South Denver Cardiology Associates Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tejwant Dhillon, M.D.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 1553 E Golden Valley Way	<b>Transaction ID:</b> 6FF2197A548967CBF9F
	City Fresno State CA Zip Code 93730-3587	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James A. Diggs, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 17 / 2009
	Mailing Address 75 S Street Northwest	<b>Transaction ID:</b> 444ABA786494DF4112BF
	City Washington State DC Zip Code 20001-1127	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<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: PAGE 18 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joshua B. Donner, M.D., F.A.

Mailing Address 514 Cooper Drive Southeast

City State Zip Code  
Rome GA 30161-6012

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

Name of Employer Self-Employed Occupation  
PEDIATRIC CARD.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 8DC11A8622D7685B7D2

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul L. Douglass, M.D., F.A.

Mailing Address 999 Peachtree Street Suite 850

City State Zip Code  
Atlanta GA 30309

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

Name of Employer Metropolitan Atlanta Cardiology Consul Occupation  
INTERNAL MED.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 80595053-AE86-4E2F-

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin V. DuBois, M.D., F.A.

Mailing Address 5711 Chilham Road

City State Zip Code  
Baltimore MD 21209-4415

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 8BF7A6E5DF0DD72B9E6

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Todd D. Edwards, M.D., F.A.  
 Mailing Address 3550 Golf Walk Circle North  
 City State Zip Code  
 Memphis TN 38125-8908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Stern Cardiovascular Center INTERNAL MED.  
 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 8 / 1 4 / 2 0 0 9  
**Transaction ID:** CE18A887E7089C77971  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
Behrooz Eshaghy, M.D., F.A.  
 Mailing Address 1111 West Superior Street, Suite 3  
 City State Zip Code  
 Melrose Park IL 60160-4156  
 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 ▼  
 250.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 2 / 2 0 0 9  
**Transaction ID:** E424F98A41A7D2C0A23  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen A. Fahrig, M.D., F.A.  
 Mailing Address 1117 Radnor Glen Drive  
 City State Zip Code  
 Brentwood TN 37027-4135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 9  
**Transaction ID:** 43924F8A906439FF6B7  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James W. Fasules, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 06 / 2009		
	Mailing Address 6 Cascades Drive 1900 Maryland		<b>Transaction ID:</b> 426F9C9B3499C9EF4B8B		
	City Little Rock	State AR	Zip Code 72212-3306	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Arkansas Children's Hospital Pediatric	Occupation PEDIATRIC CARD.	Aggregate Year-to-Date 462.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) William C. Finneran, III, M.D.,		Date of Receipt MM / DD / YYYY 08 / 26 / 2009		
	Mailing Address 7 Wickford Court		<b>Transaction ID:</b> D781DC32A865D73426E		
	City Wyomissing	State PA	Zip Code 19610-2679	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Cardiology Associates of West Reading	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Kevin Fitzpatrick		Date of Receipt MM / DD / YYYY 08 / 20 / 2009		
	Mailing Address 1441 Windrow Lane		<b>Transaction ID:</b> 49D083C21A98444763FF		
	City Yardley	State PA	Zip Code 19067	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation Cardiologist	Aggregate Year-to-Date 595.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1169.00</b>
<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: PAGE 21 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Kathleen B. Flood

Mailing Address 9111 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814-1616

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

Name of Employer American College of Cardiology  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2009

**Transaction ID:** 4142B3C9DFB725D10CB9

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
James Joseph Fox, M.D., J.D.

Mailing Address 545 Sanctuary Drive  
Unit 606B

City State Zip Code  
Longboat Key FL 34228-3847

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

Name of Employer Florida Cardiac Consultants  
Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 01265A01EB2F30649B6

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott D. Friedman, M.D., F.A.

Mailing Address 522 Idlewild Avenue

City State Zip Code  
Easton MD 21601-3824

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

Name of Employer Chesapeake Cardiology Clinic, PA  
Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 3AA6BDAE46DDFD3269F

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald M. Fritz, D.O., F.A.

Mailing Address 700 Ironwood Drive  
Suite 350

City State Zip Code  
Coeur D Alene ID 83814-4487

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

Name of Employer Occupation  
Heart Clinics Northwest ADULT CARDIOLOGY

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: AFD443D2EC216EF49E6

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Suresh N. Gadasalli, M.D., F.A.

Mailing Address PO Box 4232

City State Zip Code  
Odessa TX 79760-4232

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

Name of Employer Occupation  
Healthy Heart Center INTERVENTIONAL CARDIOLOGY

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

Date of Receipt

MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: 0E1EC0063F977D0AE8D

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rick P. Ganim, M.D., F.A.

Mailing Address 3320 Amherst Street

City State Zip Code  
Houston TX 77005-3334

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

Name of Employer Occupation  
Cardiovascular Association, P.L.L.C. INTERNAL MED.

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2009

Transaction ID: 3129CF663C5F54939BC

Amount of Each Receipt this Period  
250.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cathy Gates		Date of Receipt
	Mailing Address 17500 Ashton Forest Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 09 / 2009
	City	State	Zip Code
	Sandy Spring	MD	20860-3009
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 48EA964903E473392AA7
Name of Employer American College of Cardiology		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 416.70	<input type="text"/> 83.34

<b>B.</b>	Full Name (Last, First, Middle Initial) Carl J. Gessler, Jr., M.D.,		Date of Receipt
	Mailing Address 930 Franklin Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2009
	City	State	Zip Code
	Huntsville	AL	35801-4312
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> DAC513E119A04E3F539
Name of Employer The Heart Center, PCATTN: Accounts Pay		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	<input type="text"/> 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) George D. Gibson, M.D., F.A.		Date of Receipt
	Mailing Address 1901 North Elizabeth Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 08 / 12 / 2009
	City	State	Zip Code
	Pueblo	CO	81003-4056
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 3415B40AFA13739ED64
Name of Employer Pueblo Cardiology Associates		Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	<input type="text"/> 365.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 698.34
<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: PAGE 24 / 68  
(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Paul H. Gibson, M.D., F.A.

Mailing Address 8 Tuscany Park

City State Zip Code  
Saint Louis MO 63105-3019

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 7A90202E1BDA7D6CFF1

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Brian Go, M.D., F.A.

Mailing Address 1037 Stradshire Drive

City State Zip Code  
Raleigh NC 27614-8365

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** DA6BC8A67F6FBB2988A

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas B. Gore, M.D., F.A.

Mailing Address 106 Clubview Drive

City State Zip Code  
Lagrange GA 30240-1001

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2009

**Transaction ID:** EA79BE8FD27F7CB1AFE

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**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 25 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lee W. Gould, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 30 / 2009
	Mailing Address 3865 Country Club Drive	<b>Transaction ID:</b> 4BB3B67D38C256B61C57
	City Lewiston State ID Zip Code 83501-9622	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 252.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerry H. Greenberg, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 1455 South Potomac Street	<b>Transaction ID:</b> F3A9B7E5-BC9A-435E-
	City Aurora State CO Zip Code 80012	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ritesh Gupta, M.B.B.S.,	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 6701 Airport Blvd Ste C139	<b>Transaction ID:</b> D030F37D731E2AB35CF
	City Mobile State AL Zip Code 36608-3784	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Citrin & Rhiner Cardiology Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>834.00</b>
<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: PAGE 26 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert A. Harrington, M.D., F.A.

Mailing Address 113 Preston Grande Way  
2400 Pratt Street

City State Zip Code  
Morrisville NC 27560

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

Name of Employer Occupation  
Duke Clinical Research Institute/Duke U ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 08 / 2009

**Transaction ID:** 69717C20-C614-44BB-

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
J. Clay Hays, Jr., M.D.,

Mailing Address 971 Lakeland Drive Suite 450

City State Zip Code  
Jackson MS 39216-4615

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

Name of Employer Occupation  
Jackson Heart Clinic PA ADULT CARDIOLOGY

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 05 / 2009

**Transaction ID:** 46CE6BD66AA99AC2817

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Richard R. Heuser, M.D., F.A.

Mailing Address 2626 E Arizona Blt mre Circle # 33

City State Zip Code  
Phoenix AZ 85016-2126

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 19 / 2009

**Transaction ID:** 06E276133419FFDDB77

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**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 27 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Douglas L. Hill, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 14 / 2009		
	Mailing Address 3050 Bentwood Circle		<b>Transaction ID:</b> BC679DA07482394DD64		
	City Tupelo	State MS	Zip Code 38804-9736	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Cardiology Associates of North Mississ	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Jerome L. Hines, M.D., Ph.D		Date of Receipt MM / DD / YYYY 08 / 09 / 2009		
	Mailing Address 11 Salt Creek Lane #2		<b>Transaction ID:</b> 4B6C94F09371DF58F8C1		
	City Hinsdale	State IL	Zip Code 60521-3032	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Saleem Husain, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 12 / 2009		
	Mailing Address 1314 Park Avenue		<b>Transaction ID:</b> 3FA93ECCCF607781180		
	City Plainfield	State NJ	Zip Code 07060-3253	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<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: PAGE 28 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Brian H. Ip, M.B.B.S.,

Mailing Address 6405 France Avenue S Suite W200

City Edina State MN Zip Code 55435-2186

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

Name of Employer Minnesota Heart Clinic Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2009  
**Transaction ID:** E8CF904AD478403E260  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael L. Isaacson, M.D., F.A.

Mailing Address 410 Mallard Drive

City Jonesboro State AR Zip Code 72401-7138

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

Name of Employer Northeast Arkansas Clinic Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 10 / 2009  
**Transaction ID:** 5210AEDB0DAC45EE24B  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
John G. Ivanoff, M.D., F.A.

Mailing Address 11516 South Hudson  
9228 S Mingo Road Suite 200

City Tulsa State OK Zip Code 74137

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 ▼ 250.00

Date of Receipt 08 / 14 / 2009  
**Transaction ID:** 2EE3F17C7FF9C232CD6  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) C David Joffe, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 11 / 2009		
	Mailing Address 7067 Meeker Commons		<b>Transaction ID:</b> 428FB437024F0F0CEB00		
	City Dayton	State OH	Zip Code 45414-2065	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dayton Heart Center, Inc.	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 288.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) john stewart jones, D.O., F.A.		Date of Receipt MM / DD / YYYY 08 / 19 / 2009		
	Mailing Address 834 Kenmore Road		<b>Transaction ID:</b> ADF178EE1B36B0D5CE9		
	City Chapel Hill	State NC	Zip Code 27514-1447	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Triangle Heart 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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Anna M. Kalynych, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 14 / 2009		
	Mailing Address 58 Montclair Drive Northeast		<b>Transaction ID:</b> B64701746D1AD9F84BA		
	City Atlanta	State GA	Zip Code 30309-1527	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1530.00
<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: PAGE 30 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Aleksy Kamenetsky, M.D., F.A.

Mailing Address 312 Links Drive West

City State Zip Code  
Oceanside NY 11572-5623

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

Name of Employer  
Mount Sinai Hospital at Elmherst

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 2211CD50ACF9A491B9E

Amount of Each Receipt this Period  
250.00

**B.**

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

Mailing Address 123 S Adams Street

City State Zip Code  
Hinsdale IL 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  
MM / DD / YYYY  
08 / 14 / 2009

**Transaction ID:** FA50B7E5D98A95CD1A1

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary Steven Kauffman, M.D., F.A.

Mailing Address 5201 Mount View

City State Zip Code  
Paradise Valley AZ 85253-1627

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

Name of Employer  
North Phoenix Heart Center

Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2009

**Transaction ID:** 1C2FE2462AB4C40028D

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**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 31 / 68		
	<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rachel Keever, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 12 / 2009		
	Mailing Address 901 Montrose Drive		<b>Transaction ID:</b> 69DA3CD2756ADA4A592		
	City Shelby	State NC	Zip Code 28150-6064	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sanger Clinic	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Kerzner, M.D.		Date of Receipt MM / DD / YYYY 08 / 12 / 2009		
	Mailing Address 252 Chapman Road Suite 150		<b>Transaction ID:</b> 4A1556B3E12F63E52DA		
	City Newark	State DE	Zip Code 19702-5438	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ELECTROPHYSIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Shahabuddin Khan, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 20 / 2009		
	Mailing Address 7619 Victory Gallup Street		<b>Transaction ID:</b> 46B583C6F1D62D9D679D		
	City Las Vegas	State NV	Zip Code 89131-4125	Amount of Each Receipt this Period 84.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Nevada Heart & Vascular Center	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 588.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	834.00
<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: PAGE 32 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Chris Kim, M.D., F.A.  
Mailing Address 950 Genesis Pl  
City State Zip Code  
Colorado Springs CO 80906-4360  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pikes Peak Cardiology ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 08 / 14 / 2009  
Transaction ID: A30DC8129F6629C20D2  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Jay H. Kleiman, M.D., F.A.  
Mailing Address 1875 S James Court North  
City State Zip Code  
Lake Forest IL 60045-4624  
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 ▼ 250.00  
Date of Receipt: 08 / 26 / 2009  
Transaction ID: AB6855E79706B728D93  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Kligfield, M.D., F.A.  
Mailing Address 434 East 52nd Street  
525 E 68th Street  
City State Zip Code  
New York NY 10022-6402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Cornell Medical Center ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 209.34  
Date of Receipt: 08 / 17 / 2009  
Transaction ID: 4AC1AC4139D96629FCF8  
Amount of Each Receipt this Period: 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 792.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 68  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert J. Koch, D.O., F.A.

Mailing Address 1870 W Winchester Road  
Suite 241

City State Zip Code  
Libertyville IL 60048-5360

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

Name of Employer Occupation  
Lake Heart Specialists ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 6265D261819156F6B72

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Marvin A. Konstam, M.D., F.A.

Mailing Address 800 Washington Street Box 315

City State Zip Code  
Boston MA 02111-1552

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

Name of Employer Occupation  
Tufts - New England Medical Center ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** 3F67873D10EA3DE9C7E

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark S. Kremers, M.D., F.A.

Mailing Address 18239 Mainsail Pointe Drive  
Suite 501

City State Zip Code  
Cornelius NC 28031-5199

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

Name of Employer Occupation  
Mid Carolina Cardiology ELECTROPHYSIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** A023F885111017B11EB

Amount of Each Receipt this Period  
500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 68  
(check only one)  
 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)  
American College of Cardiology Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Vijay S. Kudesia, M.D., F.A.  
 Mailing Address 5728 Bloomfield Glens Road  
 City State Zip Code  
 West Bloomfield MI 48322-2501  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 9  
**Transaction ID:** CD4D5DEAAFD07394870  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Assoc., P.-C.  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
James B. Lam, M.D., F.A.  
 Mailing Address 142 Winter Quarters Drive  
 City State Zip Code  
 Houma LA 70360-2510  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 0 5 / 2 0 0 9  
**Transaction ID:** 61F4DBAE64C11742C2E  
 Amount of Each Receipt this Period  
 400.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Institute of the South  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mark L. Leitschuh, M.D., F.A.  
 Mailing Address 9736 N Lake Drive  
 City State Zip Code  
 Milwaukee WI 53217-6102  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 0 / 2 0 0 9  
**Transaction ID:** FF17407A3CCD75DE5A9  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore Card., S.C.  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**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 35 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Roger F. Leonard, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 11706 Split Tree Circle	<b>Transaction ID:</b> 4A58AC862928549914E9
	City State Zip Code Potomac MD 20854-2880	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montgomery General Hospital ADMINISTRATION Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 637.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra J. Lewis, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 09 / 2009
	Mailing Address 5342 Southwest Hewett Boulevard	<b>Transaction ID:</b> 4EA7B565898C89909399
	City State Zip Code Portland OR 97221-2254	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NW Cardiovascular Institute CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) David B. Lieb, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 1600 S Prairie Avenue 2201	<b>Transaction ID:</b> 7EF7C90FAB2CE967947
	City State Zip Code Chicago IL 60616-1367	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self-Employed ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>424.34</b>
<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 36 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Litzow, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 7460 Wolf River Boulevard	<b>Transaction ID:</b> 42B170D63A62EE131BF
	City State Zip Code Germantown TN 38138-1760	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Sutherland Cardiology Clinic ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kamol Lohavanichbutr, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 1184 Decatur Circle	<b>Transaction ID:</b> 3B1E62FEE1B81D0A517
	City State Zip Code Burlington WA 98233-3045	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Northwest Cardiology ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas A. Lombardo, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 6260 Regina Lane	<b>Transaction ID:</b> B32AC86B4B249F2867B
	City State Zip Code Beaumont TX 77706-2500	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Advanced Cardiovascular Specialists LL ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<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: PAGE 37 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Fernando Lopez, M.D., F.A.

Mailing Address 131 E Kings Highway, Casa Alegre

City San Antonio State TX Zip Code 78212-2961

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

Name of Employer Alamo Heart Associates Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt 08 / 28 / 2009

**Transaction ID:** 4C6586BA8610558AD473

Amount of Each Receipt this Period 41.66

**B.**

Full Name (Last, First, Middle Initial)  
Thomas M. Maddox, M.D., M.Sc

Mailing Address 1926 S. Pearl Street

City Denver State CO Zip Code 80210

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

Name of Employer Denver VA Medical Center Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 02 / 2009

**Transaction ID:** AB509671-4291-4A4E-

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael E. McKinney, M.D., F.A.

Mailing Address 325 Gran Ave

City Birmingham State AL Zip Code 35209-4119

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

Name of Employer CardioVascular Consultants of Alabama Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2009

**Transaction ID:** 71F787F057C2A2C16A6

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **541.66**

**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 38 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen M. Meyers, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 173 Military Parkway	<b>Transaction ID:</b> 986928775DD5004CCCB
	City State Zip Code Fort Thomas KY 41075-2129	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Paul J. Micale, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 05 / 2009
	Mailing Address 178 Point Heron Drive	<b>Transaction ID:</b> 999271D15726028B11F
	City State Zip Code Newport News VA 23606-1415	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Hampton Roads Cardiovascular Assocs	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 30 / 2009
	Mailing Address 2005 Prestwick Lane	<b>Transaction ID:</b> 44959E2CDB0899B3A24D
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Fort Wayne Cardiology Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<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: PAGE 39 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard B. Moore, M.D., F.A.

Mailing Address 787 37th Street  
Suite E-140

City State Zip Code  
Vero Beach FL 32960-7314

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 1CD2B4C2D59467D191E

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Pramod Multani, M.B.B.S.,

Mailing Address 8333 Iowa Street  
Suite 200

City State Zip Code  
Downey CA 90241-4994

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

Name of Employer Multani Medical Group Inc  
Occupation  
ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** 62A7C4BA5AFC8E99502

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Nicola B. Nicoloff, M.D., F.A.

Mailing Address 12100 Mallards Crossing

City State Zip Code  
Petersburg OH 44454-9735

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 ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** 309E3ADB97C22858BA6

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steven E. Nissen, M.D., M.A.

Mailing Address 817 Hanover Road

City State Zip Code  
Gates Mills OH 44040-9602

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

Name of Employer Occupation  
Cleveland Clinic Foundation/Dept of Cardiol ADULT CARDIOLOGY

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

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2009

**Transaction ID:** 6075762F1323369B046

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Emmanuel N. Papisafakis, D.O., F.A.

Mailing Address 1219 Fountain Drive

City State Zip Code  
Troy MI 48098-4421

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

Name of Employer Occupation  
Cardiovascular Clinical Associates PC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** C1809B1F4A04BBB9200

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lawrence M. Pareles, M.D., F.A.

Mailing Address 12 Blenheim Terrace

City State Zip Code  
Farmington CT 06032-1454

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

**Transaction ID:** 5ED4C74D6448A3606DB

Amount of Each Receipt this Period  
250.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pankaj V. Patel, M.B.B.S.,	Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 3205A Dentcrest Drive	<b>Transaction ID:</b> 198B16C174B4E2F324C
	City State Zip Code Midland TX 79707-3727	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Midland Cardiology Clinic- ADULT CARDIOLOGY Midland Memor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Douglas James Pearce, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 4230 Harding Pike Ste 330	<b>Transaction ID:</b> 8C448C04-4DFE-420E-
	City State Zip Code Nashville TN 37205-2018	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Thomas Health Servi- ADULT CARDIOLOGY ces	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bradley Personius, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address 195 Serenity Lane	<b>Transaction ID:</b> EF7875D482625A2EECE
	City State Zip Code Grants Pass OR 97526-9756	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cardiology Consultants PC ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1750.00
<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: PAGE 42 / 68  
(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Ross C. Peterson, M.D., F.A.

Mailing Address 4205 Woodbrook Landing

City Erie State PA Zip Code 16506-7017

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

Name of Employer Consultants in Cardiovascular Diseases Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 637.00

Date of Receipt 08 / 11 / 2009  
**Transaction ID:** 4992960804F6F68654F0  
 Amount of Each Receipt this Period 91.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Priest, M.D., F.A.

Mailing Address 3222 W Riverside Drive

City Fort Myers State FL Zip Code 33901-6734

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

Name of Employer Florida Heart Associates Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt 08 / 13 / 2009  
**Transaction ID:** 4E8584612B76C7B66F57  
 Amount of Each Receipt this Period 91.00

**C.** Full Name (Last, First, Middle Initial)  
William D. Priester, M.D., F.A.

Mailing Address 445 E 86th Street Apt. 5H

City New York State NY Zip Code 10028-6447

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 ▼ 250.00

Date of Receipt 08 / 19 / 2009  
**Transaction ID:** 73D15C6C98EAA215931  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **432.00**

**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 43 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Patrick Kevin Quirke, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 26 / 2009
	Mailing Address 6411 Manor Drive	<b>Transaction ID:</b> 18173DA2FDDFBC2D3EE
	City State Zip Code Burr Ridge IL 60527-5762	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer West Suburban Cardiologists, LTD	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>B.</b>	Full Name (Last, First, Middle Initial) W. Scott Robertson, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 19 / 2009
	Mailing Address 3099 Civic Center Plaza	<b>Transaction ID:</b> 7B8EA2CB8A2DC5DC9F4
	City State Zip Code Scottsdale AZ 85251-6903	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Scottsdale Cardiovascular Center PC	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>C.</b>	Full Name (Last, First, Middle Initial) George P. Rodgers, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 16 / 2009
	Mailing Address 2441 Westlake Drive	<b>Transaction ID:</b> 4D5190501984ECB63B30
	City State Zip Code Austin TX 78746-2950	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Biophysical Corporation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 590.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>584.00</b>
<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: PAGE 44 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael N. Rubinstein, M.D., F.A.

Mailing Address 8734 Marburg Manor Drive

City State Zip Code  
Lutherville Timoni MD 21093-4743

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** F77481B44E2563CAB16

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Victor M. Salgado, M.D.

Mailing Address PO Box 9652  
Cotto Station

City State Zip Code  
Arecibo Se 00613-9652

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

Name of Employer Hospital Cayetano Coll y Toste Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2009

**Transaction ID:** 05A0365BDAE8D7B64C6

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert A. Schweikert, M.D., F.A.

Mailing Address 5031 Tall Timbers Drive

City State Zip Code  
Richfield OH 44286-9678

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

Name of Employer Akron General Medical Center Occupation ELECTROPHYSIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 14 / 2009

**Transaction ID:** 2F679EC16AC804FA94D

Amount of Each Receipt this Period  
500.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew E. Schwinger, M.D., F.A.

Mailing Address 3811 Westfall Drive

City State Zip Code  
Encino CA 91436-4157

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

Name of Employer Occupation  
Cardiovascular Consultants ADULT CARDIOLOGY  
Medical Group

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 8 / 2 0 0 9

Transaction ID: 775B5FF4-6E89-4F62-

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Maria Serratto, M.D., F.A.

Mailing Address 3240 N Lake Shore Drive  
Apt. 6A

City State Zip Code  
Chicago IL 60657-3909

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

Name of Employer Occupation  
JHS Hospital of Cook Coun- PEDIATRIC CARD.  
tyPediatric C

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 5 / 2 0 0 9

Transaction ID: 9B323E9A448C521B780

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Eugene Shteerman, M.D., F.A.

Mailing Address 134 67th Street

City State Zip Code  
Brooklyn NY 11220-4822

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

Name of Employer Occupation  
Medical Office ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 1 4 / 2 0 0 9

Transaction ID: F14FBEB5D2E8E610374

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 68

(check only one)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tawhid A. Shuaib, M.D., F.A.

Mailing Address 500 East Ridge Road, Suite 101

City State Zip Code  
McAllen TX 78503-1508

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY  
08 / 12 / 2009

Transaction ID: C07AF98CF19E6981431

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Alan J. Silverman, D.O., F.A.

Mailing Address 29645 14 Mile Road Suite 200

City State Zip Code  
Farmington Hills MI 48334-1666

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

MM / DD / YYYY  
08 / 14 / 2009

Transaction ID: 8328189F1A2F996BBC6

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

George L. Smith, Jr., M.D.,

Mailing Address 3420 Montecito ave

City State Zip Code  
Santa Rosa CA 95405

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

Name of Employer Self-Employed Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

MM / DD / YYYY  
08 / 27 / 2009

Transaction ID: 902CE099-3484-4ECF-

Amount of Each Receipt this Period

1000.00

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) John G. Spellman, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 22 / 2009
	Mailing Address 2 Sandsfield Way	<b>Transaction ID:</b> 4BBB94CABD366933DF8F
	City State Zip Code Savannah GA 31411-2511	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Cardiovascular Consultants, P.C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas R. Stoiber, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 14 / 2009
	Mailing Address 5704 Margate Street	<b>Transaction ID:</b> DC2882A3B63CAA67E37
	City State Zip Code Madison WI 53711-6425	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kurt F. Strosahl, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 10 / 2009
	Mailing Address 1309 Woody Ridge Court	<b>Transaction ID:</b> 0DEDE6649BF40C25C88
	City State Zip Code Chesapeake VA 23322-2246	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<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: PAGE 48 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Randeep Suneja, M.B.B.S.,  
Mailing Address 20710 Westheimer Pkwy  
City Katy State TX Zip Code 77450-6064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cardiology Ctr of Houston Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY 08 / 19 / 2009  
Transaction ID: 3B1D38AD6B00BEA1B50  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Vu Ta, M.D.  
Mailing Address 4645 Marion Court  
City Sacramento State CA Zip Code 95822-1930  
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 ▼ 250.00  
Date of Receipt MM / DD / YYYY 08 / 19 / 2009  
Transaction ID: 9331D3251568D0E52A7  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Theodore S. Takata, M.D., F.A.  
Mailing Address 1300 W Terrell Avenue Suite 500  
City Fort Worth State TX Zip Code 76104-2810  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consultants in Cardiology Occupation ELECTROPHYSIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY 08 / 05 / 2009  
Transaction ID: 38D63ACA04372B94E2D  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 49 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jason Thompson, M.D.  
Mailing Address 4030 Lambert Terrace  
City Vestavia State AL Zip Code 35242-7489  
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 ▼ 1000.00  
Date of Receipt 08 / 12 / 2009  
Transaction ID: 8F383029A19F85FC44D  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Benjamin Tillinger, M.D.  
Mailing Address 81 Hawthorne Rd  
City Waltham State MA Zip Code 02451  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emerson Cardiovascular Associates Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 08 / 18 / 2009  
Transaction ID: 5E93323C-94E4-43AC-  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas F. Trahey, III, M.D.,  
Mailing Address 681 Abington Drive  
City Concord State NC Zip Code 28025-2584  
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 ▼ 250.00  
Date of Receipt 08 / 10 / 2009  
Transaction ID: A6AFADC50E19B56E13F  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Michael C. Turner, M.D., F.A.  
Mailing Address 5140 Highway 397

City State Zip Code  
Bell City LA 70630-3105

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

Name of Employer: Cardiovascular Specialists of Southwes  
Occupation: ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 09 / 2009  
Transaction ID: 459B9733E0E7483468BC  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
James E. Udelson, M.D., F.A.  
Mailing Address 4 Fair Oaks Park

City State Zip Code  
Needham MA 02492

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

Name of Employer: Tufts - New England Medic- al Center  
Occupation: ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 07 / 2009  
Transaction ID: A049F5C9-1F72-43A3-  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Paul L. Urban, M.D., F.A.  
Mailing Address 2875 Southwest 53rd Street

City State Zip Code  
Ocala FL 34471-9538

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

Name of Employer: Ocala Interventional Card- iologyORMC Ca  
Occupation: INTERVENTIONAL CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.00

Date of Receipt: 08 / 29 / 2009  
Transaction ID: 422CB828A3B4A783D9A3  
Amount of Each Receipt this Period: 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1184.00**

**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 51 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) C. Michael Valentine, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 1487 Langhorne Road 2410 Atherholt Road	<b>Transaction ID:</b> 4A228A1DDB9065BF7C73
	City Lynchburg State VA Zip Code 24503	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: The Cardiovascular Group Centra/Stroob Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 637.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Juan Villafane, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 09 / 2009
	Mailing Address 731E Broadway	<b>Transaction ID:</b> 4309B20F5E47ECC08250
	City Louisville State KY Zip Code 40202	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Childrens Heart Specialists, P.S.C. Pe Occupation: PEDIATRICS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Thad Waites, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 1017 Richburg Rd	<b>Transaction ID:</b> 4CB397D46EFF065215A7
	City Hattiesburg State MS Zip Code 39402-9055	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: Southern Heart Center Occupation: ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 637.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>265.34</b>
<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 52 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Haven N. Wall, Jr., M.D.	Date of Receipt MM / DD / YYYY 08 / 12 / 2009
	Mailing Address PO Box 924	<b>Transaction ID:</b> F11DD721F67CA7823C0
	City State Zip Code Lewisburg WV 24901-0924	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Diane E. Wallis, M.D., F.A.	Date of Receipt MM / DD / YYYY 08 / 09 / 2009
	Mailing Address 3825 Ighland Avenue Suite 400	<b>Transaction ID:</b> 4953B54D9691332ADF0C
	City State Zip Code Downers Grove IL 60515-4457	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.70	

<b>C.</b>	Full Name (Last, First, Middle Initial) Howard Walpole, Jr., M.D.,	Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 31 Northumberland	<b>Transaction ID:</b> 42FC94937BFFD9ABD48C
	City State Zip Code Nashville TN 37215-4123	Amount of Each Receipt this Period 454.55
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Saint Thomas Health Services	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3181.85	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1537.89</b>
<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:	PAGE 53 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mary Norine Walsh, M.D., F.A.

Mailing Address 428 West 83rd Place

City Indianapolis State IN Zip Code 46260-4905

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

Name of Employer The Care Group LLC Occupation HEART FAILURE/TRANSPLANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 08 / 29 / 2009  
**Transaction ID:** 493FAE64F00AEA3426AF  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jonathan Craig Waltman, M.D., F.A.

Mailing Address 1401 Harrodsburg Rd. Suite A-300

City Lexington State KY Zip Code 40504-3787

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 ▼ 250.00

Date of Receipt 08 / 26 / 2009  
**Transaction ID:** 40A3AB4CCFC47973FFB  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway Apt. 1921

City Henderson State NV Zip Code 89074-1941

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 ▼ 420.00

Date of Receipt 08 / 09 / 2009  
**Transaction ID:** 4227B669629A32E97ACC  
Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **434.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Murray P. Whitaker, M.D., F.A.

Mailing Address 105 Laura Lake Road

City Vicksburg State MS Zip Code 39180-7031

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 ▼ 250.00

Date of Receipt: 08 / 14 / 2009  
**Transaction ID:** 1925D4394FB4726A167  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael C. Widmer, M.D., F.A.

Mailing Address 2753 Red Oak Dr

City Bend State OR Zip Code 97701-8348

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

Name of Employer Heart Center Cardiology Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 637.00

Date of Receipt: 08 / 03 / 2009  
**Transaction ID:** 44FDB5F838370C50D93E  
Amount of Each Receipt this Period: 91.00

**C.** Full Name (Last, First, Middle Initial)  
Byron R. Williams, M.D., F.A.

Mailing Address Medical Office Tower 6th Floor

City Atlanta State GA Zip Code 30365

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

Name of Employer Emory Clinic Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 19 / 2009  
**Transaction ID:** AF41CA7EC123AAE0AC7  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 591.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 68  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey L. Williams, M.D., F.A.

Mailing Address 6 Wheatland Circle

City Lebanon State PA Zip Code 17042-9417

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

Name of Employer Lebanon Cardiology Associates Occupation ELECTROPHYSIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 19 / 2009

**Transaction ID:** 16B8CAA04FE3E073C79

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Phillip A. Wines, M.D., F.A.

Mailing Address 2801 Tyne Boulevard

City Nashville State TN Zip Code 37215-4533

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

Name of Employer Tennessee Heart & Vascular Institute Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 09 / 2009

**Transaction ID:** 885BE7E8-F5BF-4071-

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Phillip S. Wolf, M.D., F.A.

Mailing Address 2400 Cherry Creek South Drive Unit

City Denver State CO Zip Code 80209-3254

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 ▼ 250.00

Date of Receipt 08 / 10 / 2009

**Transaction ID:** 11FE1356562A528CA05

Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael J. Wolk, M.D., M.A.  
 Mailing Address 876 Park Avenue  
 City State Zip Code  
 New York NY 10075-1843  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 07 / 2009  
**Transaction ID:** 4F38B32B033A3AEFEA93  
 Amount of Each Receipt this Period  
 83.34  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 New York Cardiology Associates ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 583.37

**B.** Full Name (Last, First, Middle Initial)  
Richard F. Wright, M.D., F.A.  
 Mailing Address 1038 South Carmelina Avenue  
 2001 Santa Monica Boulevard  
 City State Zip Code  
 Los Angeles CA 90049  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 03 / 2009  
**Transaction ID:** 478790B70C990EB53834  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Heart Institute ADULT CARDIOLOGY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1200.00

**C.** Full Name (Last, First, Middle Initial)  
Lambert A. Wu, M.D., F.A.  
 Mailing Address 1524 Northwest Grove Avenue  
 City State Zip Code  
 Topeka KS 66606-1234  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 26 / 2009  
**Transaction ID:** BEE57DCF9B60CC76E3E  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cotton O'Neil Heart Center ECHOCARDIOLOGY/ECHOCARDIOGRAPHY  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 783.34  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 68  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Janet F. Wyman, MSN, APRN,  
Mailing Address 960 Westchester

City State Zip Code  
Grosse Pointe Park MI 48230-1830

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** 911FA3C4CE5BA78F98E

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Shawn Yazdani, M.D., F.A.  
Mailing Address 878 Alvermar Ridge Drive

City State Zip Code  
McLean VA 22102-1435

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

Name of Employer Occupation  
Virginia Cardiovascular Associates, PC ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 588.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** 4D6CBC0F8E4F2892BA4F

Amount of Each Receipt this Period  
84.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Zenker, M.D., F.A.  
Mailing Address 915 Westview Avenue

City State Zip Code  
Nashville TN 37205-4541

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

Name of Employer Occupation  
The Heart Group ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** 343E4BCF-00C0-4880-

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **884.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial) Samuel H. Zimmern, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 27 / 2009
Mailing Address 3601 Knapdale Lane		<b>Transaction ID:</b> A77ACE9C-4AF2-42B3-
City Charlotte	State NC	
Zip Code 28226-6338		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Sanger Clinic, PA	Occupation ELECTROPHYSIOLOGY	
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) Don B. Ziperman, M.D., F.A.		Date of Receipt MM / DD / YYYY 08 / 10 / 2009
Mailing Address 1400 N Ritter Avenue #500		<b>Transaction ID:</b> DC1DD6F810C40D6E1B6
City Indianapolis	State IN	
Zip Code 46219-3051		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	57201.91

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 59 / 68	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

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

Mailing Address P.O. Box 85024

City State Zip Code  
Richmond VA 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
8440.48

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	0	9

Transaction ID: CF3901A249D253EF41A

Amount of Each Receipt this Period  
1276.92

Reimburse. for July Amex and August Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1276.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1276.92

**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

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement August Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> V8559AA97C1340626ED3 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 654.20
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement August Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> M5B4899EF36D96F7BF94 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1047.27
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1701.47

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

1701.47

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Becerra for Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Xavier Becerra</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p>	<p>Transaction ID: 5E9DD8D47257B19FB05</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Blumenauer for Congress</p> <p>Mailing Address 830 NE Holladay, #105</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Earl Blumenauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OR District: 03</p>	<p>Transaction ID: 4C30AB92CBB954DFECE</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Castor for Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Katherine Anne Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 11</p>	<p>Transaction ID: A40EAAE04DC6D80875C</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

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

6000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charles A. Gonzalez Congressional Campaign</p> <p>Mailing Address PO Box 12612</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Charles A. Gonzalez</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5BC0D724F08C3BFE26C</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Collins for Senator</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 712065BB7A3496ED003</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Engel for Congress</p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> C68F0F9113246C3B01B</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

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

7000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Enzi for US Senate</p> <p>Mailing Address PO Box 2775</p> <p>City Cody State WY Zip Code 82414</p> <p>Purpose of Disbursement 2014 Primary</p> <p>Candidate Name Michael B. Enzi</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80E2D8B7583DFC3D71E</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fleming for Congress</p> <p>Mailing Address PO Box 1236</p> <p>City Minden State LA Zip Code 71058</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John Calvin Fleming, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 18C0063A188915E220A</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Georgians for Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Johnny Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 24C4C0B0BA7BC3D3B03</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Higgins for Congress</p> <p>Mailing Address PO Box 28</p> <p>City Buffalo State NY Zip Code 14220</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Brian M. Higgins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 911B72974D2DC5FA821</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer for Congress</p> <p>Mailing Address 200 North Main St. PO Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Stephen E. Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 7EB1BAE9A153A583D71</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) John D. Dingell for Congress</p> <p>Mailing Address 607 14th Street, NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> A88663F459C5E9C1E4F</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) John Shadeggs Friends <hr/> Mailing Address PO Box 45444 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement 2010 Primary Candidate Name John Shadegg <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3A838A73D5EF02C7853 Date of Disbursement 08 / 12 / 2009	
	Amount of Each Disbursement this Period 1000.00	
	011 Category/ Type	
	Full Name (Last, First, Middle Initial) Kosmas for Congress <hr/> Mailing Address PO Box 1547 <hr/> City New Smyrna Beach State FL Zip Code 32170 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Suzanne M. Kosmas <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 5BE013F05C386C05974 Date of Disbursement 08 / 18 / 2009
Amount of Each Disbursement this Period 5000.00		
011 Category/ Type	Full Name (Last, First, Middle Initial) Kurt Schrader for Congress <hr/> Mailing Address 2236 Southeast 10th Avenue Suite 240 <hr/> City Portland State OR Zip Code 97214 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Kurt Schrader <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 93625E672395F4D137F Date of Disbursement 08 / 04 / 2009
Amount of Each Disbursement this Period 1000.00		
011 Category/ Type		

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

7000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Burgess for Congress</p> <p>Mailing Address PO Box 2334</p> <p>City Denton State TX Zip Code 76202</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Michael C. Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: TX District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 9448948E8BF708E7A3A</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mountaineer PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Mountaineer PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> AC4F7581D295C99463A</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action Committee AKA NDC PAC</p> <p>Mailing Address 607 14th Street NW Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name New Democrat Coalition Political Action Committee AKA NDC PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p><b>Transaction ID:</b> 3EEF387FD5C8AA737BD</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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)

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<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

<b>A.</b> Full Name (Last, First, Middle Initial) Pascrell for Congress <hr/> Mailing Address PO Box 640 <hr/> City Totowa State NJ Zip Code 07511 <hr/> Purpose of Disbursement 2010 Primary Candidate Name William J. Pascrell, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 3555786E6130DCA0138 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Contribution
<b>B.</b> Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 2361AFF8A4F2A19C3EC Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
<b>C.</b> Full Name (Last, First, Middle Initial) Shore PAC <hr/> Mailing Address PO Box 3157 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Shore PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 113BB8421D50B643F52 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name Deborah Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> C91022E2471F2EB2600</p> <p>Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Texans for Henry Cuellar Congressional Campaign</p> <p>Mailing Address 1519 Washington Street Second Floor</p> <p>City Laredo State TX Zip Code 78042</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Henry Roberto Cuellar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> FD5719BD0134B920D41</p> <p>Date of Disbursement 08 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Debbie Wasserman Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4EDE01EA8C73D1D2C67</p> <p>Date of Disbursement 08 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>52500.00</b>