

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2007 through 08 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 09 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		384594.40
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	331375.80									
(c) Total Receipts (from Line 19)	24893.58	251283.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	356269.38	635877.43								
7. Total Disbursements (from Line 31)	35536.13	315144.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	320733.25	320733.25								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	19607.00	190930.08
(i) Itemized (use Schedule A)	4770.00	53979.41
(ii) Unitemized	24377.00	244909.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24377.00	244909.49
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)	516.58	6373.54
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))	24893.58	251283.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24893.58	251283.03

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	536.13	6364.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	536.13	6364.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	305629.84
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	2500.00	3150.00
(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))	2500.00	3150.00
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))..	35536.13	315144.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	35536.13	315144.18

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24377.00	244909.49
34. Total Contribution Refunds (from Line 28(d))	2500.00	3150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21877.00	241759.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	536.13	6364.34
37. Offsets to Operating Expenditures (from Line 15, page 3)	516.58	6373.54
38. Net Operating Expenditures (subtract Line 37 from Line 36)	19.55	-9.20

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Ezad Ahmad		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address the Medical Plaza 1107 Memorial Drive Suite 102		Transaction ID: 9aa9328faba748f2b5bf Amount of Each Receipt this Period 1000.00
City State Zip Code Dalton GA 30720-8662	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiology Center of Dalton PC	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7
Mailing Address 2256 Carlyle Court		Transaction ID: eb59b2cc0a00e549e10 Amount of Each Receipt this Period 200.00
City State Zip Code Buffalo Grove IL 60015-1884	FEC ID number of contributing federal political committee. C	
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) C. Benjamin Atkeson		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 148 Townsend Drive		Transaction ID: 11731545addf49bbbaaf Amount of Each Receipt this Period 200.00
City State Zip Code Clayton NC 27527-5220	FEC ID number of contributing federal political committee. C	
Name of Employer Wake Heart Associates	Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional) ▶	1400.00
TOTAL This Period (last page this line number only) ▶	1400.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Timothy Bateman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7	
Mailing Address 3410 West 89th Street		Transaction ID: 2aecf1176164f4b90a5	
City State Zip Code Leawood KS 64111-5939	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiovascular Consultants, PC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Alfred Bove		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 110 Anton Road 3401 N Broad Street		Transaction ID: 88836af9553e41e98bfc	
City State Zip Code Wynnewood PA 19140-4105	Amount of Each Receipt this Period 330.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Temple University Hospital	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 530.00		

Full Name (Last, First, Middle Initial) C. Patrick Breaux		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 1317 Killdeer Street		Transaction ID: daed9f9ef5fe49289230	
City State Zip Code New Orleans LA 70121	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation NON-INVASIVE CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	630.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Alan Brown

Mailing Address 1912 Alta Vista Court
801 S Washington Street

City Naperville State IL Zip Code 60567

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
08 / 30 / 2007

Transaction ID: 57f26c0b21568aed02a

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Arthur Chandler

Mailing Address 1348 Walton Way Suite 5100

City Augusta State GA Zip Code 30901-5108

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 / 21 / 2007

Transaction ID: 997f037c173b46978e18

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Hollace Chastain

Mailing Address 1819 Breamar Drive

City Fort Wayne State IN Zip Code 46805-4705

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

Name of Employer Fort Wayne Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
08 / 30 / 2007

Transaction ID: a699d387ec778132242

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 31
	(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

Full Name (Last, First, Middle Initial) A. Nitin Chitale		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 2185 Bush Street #309		Transaction ID: cb1f8e1d66b64bbb727
City State Zip Code San Francisco CA 94115-5240	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Middle Tennessee Med Ctr	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Bernard Clark		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 95 Johnny Cake Lane		Transaction ID: 2da125d80c5db07c382
City State Zip Code Glastonbury CT 06105-1208	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		
Name of Employer St. Francis Hospital and Medical Centre	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Marc Cohen		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 7
Mailing Address 1445 Huntingdon Road		Transaction ID: 88090e5bea3a4ed69a8f
City State Zip Code Abington PA 19001-2103	Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
David Curtis

Mailing Address 2366 Briarcliff Drive

City State Zip Code
Newburgh IN 47630-8475

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 21 / 2007

Transaction ID: 1d0175d0ea684009a3af

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Pamela Douglas

Mailing Address 4663 Mount Sinai Road

City State Zip Code
Durham NC 27715-7969

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

Name of Employer Duke University Medical Center Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 23 / 2007

Transaction ID: 4ac8ef0341e241a58a67

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Kim Eagle

Mailing Address 2820 East Delhi Road
1500 East Medical Center Drive, Su

City State Zip Code
Ann Arbor MI 48109-5852

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

Name of Employer University of Michigan Hospitals and H Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
08 / 21 / 2007

Transaction ID: c97b83aa9aa34dbcb8d8

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Fasules		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address 6 Cascades Drive 1900 Maryland		Transaction ID: 652751a0517d1089be0	
City State Zip Code Little Rock AR 72202		Amount of Each Receipt this Period 42.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Arkansas Children's Hospital Pediatric Occupation PEDIATRIC CARD.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. Ronald Gabor		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 2394 Northwest 49th Lane Suite# 304		Transaction ID: d347495ba2b2429b970b	
City State Zip Code Boca Raton FL 33428-1704		Amount of Each Receipt this Period 250.00	
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 ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Kanti Gandhi		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 4612 Dartmore Lane		Transaction ID: 51620ec56f564c2cb052	
City State Zip Code Colleyville TX 76034-4261		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	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Januzzi		Date of Receipt MM / DD / YYYY 08 / 21 / 2007
Mailing Address Massachusetts General Hospital Yawkey 5984		Transaction ID: 18d29a911e0d4379b074
City Boston	State MA	
Zip Code 02114	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Massachusetts General Hospital	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Kienzle		Date of Receipt MM / DD / YYYY 08 / 21 / 2007
Mailing Address 816 River Street		Transaction ID: 57dbe195769e41199757
City Iowa City	State IA	
Zip Code 52242	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer University of Iowa Roy J. & Lucille A.C.	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. William Ladd		Date of Receipt MM / DD / YYYY 08 / 02 / 2007
Mailing Address 607 Bayou Dularge Road		Transaction ID: 33116b45d2ba4e909916
City Houma	State LA	
Zip Code 70361-4176	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Cardiovascular Institute of the South	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Stephen Lewis		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 6824 Miami Bluff Drive		Transaction ID: 8a678f0e34f94074b599	
City State Zip Code Cincinnati OH 45242-4401	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Center of Cincinnati	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Craig Lundgren		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 11223 Buenavista		Transaction ID: 8216b15f797a490c9ada	
City State Zip Code Shawnee Mission KS 64114-4698	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 2005 Prestwick Lane		Transaction ID: 32747751354e455a9ec3	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Mirro		Date of Receipt M M / D D / Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address 2005 Prestwick Lane		Transaction ID: 66f847b1ef386e2ea46	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) B. Lawrence Narun		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 9 Atwater Road		Transaction ID: c369dadbcd3c40a9bde6	
City State Zip Code Chadds Ford PA 19317-9111	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Chukwuemeka Nwabuebo		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 654 First Street		Transaction ID: 2f75fb586fa9468391d6	
City State Zip Code Macon GA 31201-2851	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Heart Physicians	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Peter O'Brien

Mailing Address 105 Lambeth Court

City Lynchburg State VA Zip Code 24503-2148

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

Name of Employer Cardiovascular Associates of Central VA Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 21 / 2007

Transaction ID: ef5e8b04d1ef4aa8907a

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael Pursley

Mailing Address 105 Sweetwater Lane

City Fairhope State AL Zip Code 36532-2038

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

Name of Employer The Heart Group Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
08 / 02 / 2007

Transaction ID: e86a787bfbfd4c2ab100

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Edwin Purvis

Mailing Address 265 Grand Cypress Drive

City Meridian State MS Zip Code 39305-8025

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 21 / 2007

Transaction ID: a43f7a1472264ba49e35

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. A. Reddy		Date of Receipt MM / DD / YYYY 08 / 21 / 2007
Mailing Address Prof. Office Building, li, #202 817 Princeton Avenue Southwest		Transaction ID: 733b8f7821c344f8a149
City Birmingham	State Zip Code AL 35211-1333	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovasc. Assocs., P.C.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Jai Jeen Rhee		Date of Receipt MM / DD / YYYY 08 / 21 / 2007
Mailing Address 5 Cherrywood Lane		Transaction ID: 9b208d24b4354f868b83
City Manhasset	State Zip Code NY 11030-3926	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
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	

Full Name (Last, First, Middle Initial) C. George Rodgers		Date of Receipt MM / DD / YYYY 08 / 29 / 2007
Mailing Address 2441 Westlake Drive		Transaction ID: 31bf26b269ea6a281a2
City Austin	State Zip Code TX 78759-3542	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
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 ▼ 1015.00	

SUBTOTAL of Receipts This Page (optional)	585.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Thomas Roe

Mailing Address 65 Sunrise Drive

City Easton State PA Zip Code 18510-1639

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 / 21 / 2007

Transaction ID: 46d7dfae84e344bf9117

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William Rollefson

Mailing Address 1 Witness Tree Lane

City Paron State AR Zip Code 72211-3714

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

Name of Employer Little Rock Cardiology Clinic Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 21 / 2007

Transaction ID: 5a04c123fe5a41c29a6e

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
William Ross

Mailing Address 10605 S Canton Avenue

City Tulsa State OK Zip Code 74136-1930

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

Name of Employer Springer Clinic, Inc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 02 / 2007

Transaction ID: 20f7244377ba40288b33

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Frank Ryan

Mailing Address 705 Ridgemont Ave

City State Zip Code
Rockville MD 20850-6060

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

Name of Employer American College of Cardiology
Occupation PAC Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 9007625bdc344f8fb6c8

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Robert Saporito

Mailing Address 668 W Saddle River Road

City State Zip Code
Ho Ho Kus NJ 07423-1643

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

Name of Employer Garden State Cardiology
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
08 / 21 / 2007

Transaction ID: 07bf6c5982da4d5ba919

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
John Schaeffer

Mailing Address 161 Ridgeland Drive

City State Zip Code
Amherst OH 44011-4044

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

Name of Employer North Ohio Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
08 / 23 / 2007

Transaction ID: 05ec687d95524b8385c6

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Richard Snyder		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 5514 Yolanda		Transaction ID: d5ea97fd52be4f728125	
City Dallas	State TX	Amount of Each Receipt this Period 1000.00	
Zip Code 75230-2500		FEC ID number of contributing federal political committee. C	
Name of Employer HeartPlace	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Peter Spooner		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 6206 E Pima Street		Transaction ID: d6a3168cec6c452fa0fc	
City Tucson	State AZ	Amount of Each Receipt this Period 250.00	
Zip Code 85712-7001		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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Herbert Stern		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2007	
Mailing Address 4324 Quail View Road		Transaction ID: cfc639e8abaf4f2db7fd	
City Charlotte	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 28203-5863		FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation PEDIATRIC CARD.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Patrick Tchou		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 31745 Creekside Drive		Transaction ID: 7eac9c2f7f0a43819537	
City Cleveland	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 44124-5207			
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Richard Terry		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 8 Highland Park		Transaction ID: ff8329b6e81346059ecd	
City Wheeling	State WV	Amount of Each Receipt this Period 300.00	
Zip Code 26003-5406			
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 ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Ernesto Umana		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 7	
Mailing Address 1238 Skip Wells Ct		Transaction ID: 079309B4-60A4-44C8-	
City Tallahassee	State FL	Amount of Each Receipt this Period 350.00	
Zip Code 32312			
FEC ID number of contributing federal political committee. C			
Name of Employer Southern Medical Group	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

SUBTOTAL of Receipts This Page (optional) ▶	1150.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Diane Wallis		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 3825 Ighland Avenue Suite 400		Transaction ID: 61ced88861c74f39adef Amount of Each Receipt this Period 250.00
City Downers Grove State IL Zip Code 60515-1562	FEC ID number of contributing federal political committee. C	
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 ▼ 1000.00

Full Name (Last, First, Middle Initial) B. Mary Walsh		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 7
Mailing Address 428 West 83rd Place		Transaction ID: bc1171f0eb982c9a2ba Amount of Each Receipt this Period 100.00
City Indianapolis State IN Zip Code 46260-1992	FEC ID number of contributing federal political committee. C	
Name of Employer The Care Group LLCThe Care Group, LLCS Occupation HEART FAILURE/TRANSPLANT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00

Full Name (Last, First, Middle Initial) C. W. Douglas Weaver		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 7
Mailing Address 474 Townsend Street		Transaction ID: 97370748cf5540fbd20 Amount of Each Receipt this Period 500.00
City Birmingham State MI Zip Code 48202-2608	FEC ID number of contributing federal political committee. C	
Name of Employer Henry Ford Heart & Vascular Institute Occupation ADULT CARDIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Steven West		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address 15636 Fiddlesticks Boulevard		Transaction ID: d8655eadc8d9ddcf555	
City State Zip Code Fort Myers FL 33912-4335	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants of Southwest Fl	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. John Windsor		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 3 0 / 2 0 0 7	
Mailing Address 745 Augsburg Avenue		Transaction ID: 0f4b4d6381e49510254	
City State Zip Code Bismarck ND 58501-4516	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heart & Lung Clinic	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

Full Name (Last, First, Middle Initial) C. Janet Wright		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 16 Salishan Court		Transaction ID: ee84bd0a91cd43abba93	
City State Zip Code Chico CA 95926-1785	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northstate Cardiology Consultants	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Wu		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 2 / 2 0 0 7	
Mailing Address 6800 Ih-10 West		Transaction ID: 86fc72f348124a05b4fe	
City State Zip Code San Antonio TX 78201-2011	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Cardiovascular In- st. of S.	Occupation INTERVENTIONAL CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Steven Zelenkofske		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 2225 Spyglass Hill		Transaction ID: 0a86b0b507eb4187adb3	
City State Zip Code Center Valley PA 18034-8914	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Corey Ziff		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 1 / 2 0 0 7	
Mailing Address 106 Wright Road		Transaction ID: f00a44ae909340bc8a71	
City State Zip Code Rockville Center NY 11552-2247	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	19607.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 31
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. American College of Cardiology - Admin Account		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 85024		Transaction ID: 06611-97408694028855
City Richmond	State VA	Zip Code 23285-5024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.85
Name of Employer	Occupation	Reimburse for July Amex Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6373.54	

Full Name (Last, First, Middle Initial) B. American College of Cardiology - Admin Account		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 7 / 2 0 0 7
Mailing Address P.O. Box 85024		Transaction ID: 06611-37345522642135
City Richmond	State VA	Zip Code 23285-5024
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 395.73
Name of Employer	Occupation	Reimburse for Aug. Disc./- Merchant Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6373.54	

SUBTOTAL of Receipts This Page (optional)	516.58
TOTAL This Period (last page this line number only)	516.58

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

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

FOR LINE NUMBER: (check only one)

PAGE 25 / 31

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

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

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: V23511-4602472186088 Date of Disbursement MM / DD / YYYY 08 / 31 / 2007
Mailing Address PO Box 53852		Amount of Each Disbursement this Period 140.40
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement August Amex Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M02217-3157617449760 Date of Disbursement MM / DD / YYYY 08 / 02 / 2007
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 2.57
City New Albany State OH Zip Code 43054	Purpose of Disbursement August Discover Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M02217-9184381365776 Date of Disbursement MM / DD / YYYY 08 / 02 / 2007
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 318.63
City Knoxville State TN Zip Code 37920	Purpose of Disbursement August Merchant Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) ▶	461.60
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 / 31

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
August Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M02217-5411188006401

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

74.53

SUBTOTAL of Disbursements This Page (optional)

74.53

TOTAL This Period (last page this line number only)

536.13

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

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

FOR LINE NUMBER:
(check only one)

PAGE 27 / 31

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

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

Full Name (Last, First, Middle Initial) A. Ameripac: the Fund for a Greater America		Transaction ID: 78705-1540490984916 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 499 S. Capitol St. SW #414		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement 2007 Contribution Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2007 Contribution	

Full Name (Last, First, Middle Initial) B. Cantor for Congress		Transaction ID: 78845-9044763445854 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 17813		Amount of Each Disbursement this Period 1000.00
City Richmond State VA Zip Code 23226	Purpose of Disbursement Contribution Candidate Name Eric Cantor Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Charles A. Gonzalez Congressional Campaign		Transaction ID: 78845-0729791522026 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 12612		Amount of Each Disbursement this Period 1000.00
City San Antonio State TX Zip Code 78212	Purpose of Disbursement Contribution Candidate Name Charles Gonzalez Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 / 31

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

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

Full Name (Last, First, Middle Initial) A. Engel for Congress		Transaction ID: 78845-4832422137260 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address 462 California Road		Amount of Each Disbursement this Period 2500.00
City Bronxville State NY Zip Code 10708	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Eliot Engel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Joe Pitts		Transaction ID: 78845-4235650897026 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 5000.00
City Unionville State PA Zip Code 19375	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kirk for Congress		Transaction ID: 78845-5130273699760 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 7
Mailing Address PO Box 8		Amount of Each Disbursement this Period 2000.00
City Winnetka State IL Zip Code 60093	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mark Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 / 31

<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>A. Full Name (Last, First, Middle Initial) Lofgren for Congress</p> <p>Mailing Address PO Box 8180 Suite 350</p> <p>City San Jose State CA Zip Code 95155</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name Zoe Lofgren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 16</p>		<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: 78845-4545709490776</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Shore Pac</p> <p>Mailing Address PO Box 3157</p> <p>City Long Branch State NJ Zip Code 07740</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: 2007</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>2007 Contribution</p>		<p>Transaction ID: 78705-4754907488822</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee</p> <p>Mailing Address PO Box 40385</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement 2007 Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>		<p>Disbursement For: 2007</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>2007 Contribution</p>		<p>Transaction ID: 40430-6376153826713</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="1"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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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

Full Name (Last, First, Middle Initial)

A. Volunteers for Shimkus

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contribution

Candidate Name
John Shimkus

Office Sought: House
 Senate
 President

State: IL District: 19

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 78845-1769830584526

Date of Disbursement

08 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

32500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 31

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. John Brush

Mailing Address 1426 North Woodhouse

City Virginia Beach State VA Zip Code 23502-3927

Purpose of Disbursement
Partial Refund of 2007 Contributions

Candidate Name

010
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 51331-25066775083542

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00