

# 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 03 01 2008 through 03 31 2008

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 04 18 2008

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

|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

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

**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 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

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| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>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>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 268897.92 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 215938.59               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 15890.20                | 97824.72                          |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 231828.79               | 366722.64                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 28471.52                | 163365.37                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 203357.27               | 203357.27                         |   |   |   |   |   |   |  |           |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |           |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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 | 3 |

|   |   |
|---|---|
| D | D |
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|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 12083.33                      | 72405.33                          |
| (i) Itemized (use Schedule A) .....  | 3254.00                       | 23609.66                          |
| (ii) Unitemized .....  | 15337.33                      | 96014.99                          |
| (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) .....     | 15337.33                      | 96014.99                          |
| 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) ..... | 552.87                        | 1809.73                           |
| 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)) .....                          | 15890.20                      | 97824.72                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 15890.20                      | 97824.72                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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.....  | 371.52                        | 1765.37                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 371.52                        | 1765.37                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 28000.00                      | 161500.00                         |
| 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 .....                                  | 100.00                        | 100.00                            |
| (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)) .....                           | 100.00                        | 100.00                            |
| 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))..       | 28471.52                      | 163365.37                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 28471.52                      | 163365.37                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 15337.33                      | 96014.99                          |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 100.00                        | 100.00                            |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 15237.33                      | 95914.99                          |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 371.52                        | 1765.37                           |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 552.87                        | 1809.73                           |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | -181.35                       | -44.36                            |

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

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

FOR LINE NUMBER: PAGE 6 / 21  
(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)  
Jay H. Alexander  
Mailing Address 2256 Carlyle Court  
City Buffalo Grove State IL Zip Code 60015-1857  
FEC ID number of contributing federal political committee. **C**  
Name of Employer North Shore Cardiologists, SC Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 30 / 2008  
Transaction ID: 4c95bbdd2dda231f642a  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Alan S. 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 ▼ 300.00  
Date of Receipt 03 / 30 / 2008  
Transaction ID: 4dbf8c06a8f558ca9706  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey S. Carstens  
Mailing Address 9728 Brentwood Road  
City Omaha State NE Zip Code 68114-4925  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Consultants in Cardiology Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 12 / 2008  
Transaction ID: 6b546d34049c4d389352  
Amount of Each Receipt this Period 500.00

**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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 7 / 21 |
|   | <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)<br>Michael L. Chaikin                          | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 2080 Century Park East, Suite 1705                                     | <b>Transaction ID:</b> 7df74b00d1a64becab3f         |
|   | City State Zip Code<br>Los Angeles CA 90067-2020                                       | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                        |   |
|   | Name of Employer Self-Employed<br>Occupation<br>CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Hollace D. Chastain           | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2008 |
|   | Mailing Address 1819 Breamar Drive                                       | <b>Transaction ID:</b> 4e46b21bed2f1fff6d00         |
|   | City State Zip Code<br>Fort Wayne IN 46805-4705                          | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br>C          |   |
|   | Name of Employer Fort Wayne Cardiology<br>Occupation<br>ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                       |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Keith C. Ferdinand                             | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 1201 Poland Avenue  | <b>Transaction ID:</b> 5e54fbe408a042cf961f         |
|   | City State Zip Code<br>New Orleans LA 70117-4817  | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                           |   |
|   | Name of Employer Association of Black Cardiologists Inc<br>Occupation<br>ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <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 8 / 21                  |
|   | <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)<br>Leslie R. Fleischer              | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 17 Bayshore Drive   | <b>Transaction ID:</b> 2a064aa366d64e4b99e8         |
|   | City State Zip Code<br>Shalimar FL 32547-6707                               | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C             |   |
|   | Name of Employer Occupation<br>White Wilson Medical Center ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kirk N. Garratt          | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 130 East 77th Street 9th Floor                      | <b>Transaction ID:</b> 21c0b8e461e74fb7a815         |
|   | City State Zip Code<br>New York NY 10075-1851                       | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C     |   |
|   | Name of Employer Occupation<br>Lenox Hill Hospital ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mitchell M. Greenspan        | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2008 |
|   | Mailing Address 3 Lifemark Drive  | <b>Transaction ID:</b> c901336555a24be18016         |
|   | City State Zip Code<br>Sellersville PA 18960-1598                       | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C         |   |
|   | Name of Employer Occupation<br>Pennsylvania Cardiology ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                      |   |

|  |   |         |
|--|---|---------|
| <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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 9 / 21 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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)<br>P. K. Kaimal                | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 201 4th Street<br>PO Box 30115                         | <b>Transaction ID:</b> 122a7c3ecc69481abcd5         |
|   | City State Zip Code<br>Alexandria LA 71301-8421                        | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Self-Employed<br>Occupation<br>ADULT CARDIOLOGY       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                    |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Robert L. LaBarre                           | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2008 |
|   | Mailing Address 1177 Summer Street, 5th Floor  | <b>Transaction ID:</b> 3f7e1723b46441d5b77f         |
|   | City State Zip Code<br>Stamford CT 06905-5522  | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>                 |   |
|   | Name of Employer Cardio Assoc of Fairfield County PC<br>Occupation<br>ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Christopher A. Lang                            | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2008 |
|   | Mailing Address 457 Williams Street<br>Kaiser Permanente Cardiology                       | <b>Transaction ID:</b> 471284fbfe844817b92f         |
|   | City State Zip Code<br>Denver CO 80205-5437   | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>                    |   |
|   | Name of Employer Colorado Permanente Medical Group Dept<br>Occupation<br>ADULT CARDIOLOGY |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1800.00</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 10 / 21  
(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. Mirro

Mailing Address 2005 Prestwick Lane

City State Zip Code  
Fort Wayne IN 46805-4705

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2008

**Transaction ID:** 4a7d9dae46258de54b39

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Marc A. Mugmon

Mailing Address 7193 Collingwood Ct

City State Zip Code  
Elkridge MD 21075-5548

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

Name of Employer Occupation  
Mid Atlantic Cardiovascular Associates ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 15 / 2008

**Transaction ID:** 44B6C6C6-6D6F-4179-

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Madaiah Revana

Mailing Address 9950 Memorial Boulevard, Suite 201

City State Zip Code  
Humble TX 77338-4282

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2008

**Transaction ID:** 411233b8ea304b7fb005

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**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 11 / 21 |
|   | <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)<br>David Schechter          | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2008 |
|   | Mailing Address 126 Beach 136th                                     | <b>Transaction ID:</b> eb494319b0fc4a8ea2df         |
|   | City State Zip Code<br>Bellharbour NY 11361-3002                    | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed<br>Occupation<br>ADULT CARDIOLOGY  |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Matthew J. Sorrentino    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2008 |
|   | Mailing Address 1221 William  | <b>Transaction ID:</b> b49f954f600e40f28ee0         |
|   | City State Zip Code<br>River Forest IL 60305-1100                   | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer University of Chicago Department Of Med<br>Occupation<br>ADULT CARDIOLOGY                                      |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>William E. Story         | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2008 |
|   | Mailing Address 1745 North Mills Avenue #100                        | <b>Transaction ID:</b> 0367b3d4a5d04f8ab860         |
|   | City State Zip Code<br>Orlando FL 32803-1876                        | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Central Florida Cardiology Group<br>Occupation<br>ADULT CARDIOLOGY   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1750.00</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 12 / 21  
(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)  
Thad F. Waites

Mailing Address 1017 Richburg Road

City State Zip Code  
Hattiesburg MS 39402-9055

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

Name of Employer Southern Heart Center      Occupation 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  
03 / 31 / 2008

**Transaction ID:** a4d584d211294be5ac3f

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mary N. Walsh

Mailing Address 428 West 83rd Place

City State Zip Code  
Indianapolis IN 46260-1992

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 29 / 2008

**Transaction ID:** 4d99bfc09a8627b1eae6

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ronald L. Walsh

Mailing Address 144 Aleta Drive

City State Zip Code  
Belleair Beach FL 33786-3421

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

Name of Employer Heart & Vascular Institute of Florida      Occupation 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  
03 / 31 / 2008

**Transaction ID:** 96aface1fc9b459491c0

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 13 / 21  
(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)  
Tin M. Way

Mailing Address 481 Plumas Street Suite 201

City State Zip Code  
Yuba City CA 95991-5075

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

Name of Employer Occupation  
Self-Employed INTERVENTIONAL CARDIOLOGY

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

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** 8ae2d2a25422434f9dd8

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
W. Douglas Weaver

Mailing Address 474 Townsend Street

City State Zip Code  
Birmingham MI 48202-2608

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

Name of Employer Occupation  
Henry Ford Heart & Vascular Institute ADULT CARDIOLOGY

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

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** e9da004081464b38bd84

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
John H. Windsor

Mailing Address 745 Augsborg Avenue

City State Zip Code  
Bismarck ND 58501-4516

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

Name of Employer Occupation  
Heart & Lung Clinic ADULT CARDIOLOGY

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

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** 0368edafe9333cd8cf5

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 14 / 21                 |
|   | (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)<br>Michael J. Wolk  |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2008 |
| Mailing Address 876 Park Avenue   |                                 | <b>Transaction ID:</b> 4c2a94aca459f2de905f         |
| City<br>New York  | State Zip Code<br>NY 10075-1832 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>83.33         |
| Name of Employer<br>New York Cardiology Associates  | Occupation<br>ADULT CARDIOLOGY  | Aggregate Year-to-Date ▼<br>249.99                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                |   |
|---|--------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ross R. Zimmer   |                                | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2008 |
| Mailing Address 4th Floor Ph1<br>38th and Market Street   |                                | <b>Transaction ID:</b> cf7d37a4f50c47b09ff1         |
| City<br>Philadelphia  | State Zip Code<br>PA 19104     |   |
| FEC ID number of contributing federal political committee.<br>C   |                                | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Presbyterian Medical Center/Cardiology  | Occupation<br>ADULT CARDIOLOGY | Aggregate Year-to-Date ▼<br>250.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                |   |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 333.33   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 12083.33 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 21  
(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 ▼  
1809.73

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 8 | / | 2 | 0 | 0 | 8 |

Transaction ID: a7a4c54f908422573ea

Amount of Each Receipt this Period  
552.87

Remimburse for Feb. Amex and March Merchant Fees

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 552.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 552.87 |

**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 16 / 21

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>American Express<br><hr/> Mailing Address PO Box 53852<br><hr/> City Phoenix State AZ Zip Code 85072-3852<br><hr/> Purpose of Disbursement<br>March Amex Fees<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: V99204-5214044451713<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2008                                  |
|   | Amount of Each Disbursement this Period<br>143.66   |
|   | Category/<br>Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Merchant Services<br><hr/> Mailing Address 7300 Chapman Hwy<br><hr/> City Knoxville State TN Zip Code 37920<br><hr/> Purpose of Disbursement<br>March Merchant Fees<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: M85184-9081231951713<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 04 / 2008                                  |
|   | Amount of Each Disbursement this Period<br>10.00  |
|   | Category/<br>Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>SunTrust Merchant Services<br><hr/> Mailing Address PO Box 6600<br><hr/> City Hagerstown State MD Zip Code 21741<br><hr/> Purpose of Disbursement<br>March Merchant Fees<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: V85184-3960077166557<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2008                                  |
|   | Amount of Each Disbursement this Period<br>182.86   |
|   | Category/<br>Type<br>001  |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 336.52 |
| <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)

PAGE 17 / 21

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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

A.

Full Name (Last, First, Middle Initial)

Wachovia Bank

Transaction ID: M85184-3433038592338

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 4 |   | 2 | 0 | 0 | 8 |

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Amount of Each Disbursement this Period

|       |
|-------|
| 35.00 |
|-------|

Purpose of Disbursement  
March Merchant Fees

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

35.00

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

371.52

**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><br>Full Name (Last, First, Middle Initial)<br>Andy Harris for Congress<br><hr/> Mailing Address PO Box 1527<br><hr/> City Annapolis State MD Zip Code 21404<br><hr/> Purpose of Disbursement<br>Contribution - 2008 General<br>Candidate Name<br>Sen. Andrew P. Harris<br><hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MD District: 01<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: 60803-5068628191947<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Freedom Project, The<br><hr/> Mailing Address 424 C Street NE<br>Basement Unit<br><hr/> City Washington State DC Zip Code 20002<br><hr/> Purpose of Disbursement<br>2008 Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼   | Transaction ID: 68267-6961633563041<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 3 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>5000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Friends of Blanche Lincoln<br><hr/> Mailing Address PO Box 3197<br><hr/> City Little Rock State AR Zip Code 72203<br><hr/> Purpose of Disbursement<br>Contribution - 2010 General<br>Candidate Name<br>Sen. Blanche Lambert Lincoln<br><hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AR District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 60803-3295709490776<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 5 / 2 0 0 8  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 10000.00    |
| <b>TOTAL</b> 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 19 / 21

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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><br>Full Name (Last, First, Middle Initial)<br>Friends of Glenn Nye<br>Mailing Address PO Box 68444<br>City Virginia Beach State VA Zip Code 23471<br>Purpose of Disbursement<br>Contribution - Primary<br>Candidate Name<br>Glenn Carlyle Nye, III<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: VA District: 02<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 30168-5545923113822<br>Date of Disbursement<br>03 / 19 / 2008  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Gingrey for Congress<br>Mailing Address PO Box U<br>City Marietta State GA Zip Code 30060<br>Purpose of Disbursement<br>Contribution - General<br>Candidate Name<br>Rep. John Phillip Gingrey<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 11<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 60803-0521509051322<br>Date of Disbursement<br>03 / 25 / 2008  |
|   | Amount of Each Disbursement this Period<br>2500.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>John Lewis for Congress<br>Mailing Address 303 Peachtree Street, NE Suite 5300<br>City Atlanta State GA Zip Code 30308<br>Purpose of Disbursement<br>Contribution - Primary<br>Candidate Name<br>Rep. John Lewis<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 05<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 30544-5463678240776<br>Date of Disbursement<br>03 / 19 / 2008  |
|   | Amount of Each Disbursement this Period<br>1000.00   |
|   | Category/<br>Type<br>011   |
|   | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**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)<br/>Kind for Congress Committee</p> <p>Mailing Address 205 South 5th Ave<br/>Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement<br/>2008 Primary</p> <p>Candidate Name<br/>Rep. Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: WI District: 03</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 68267-0501520037651</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>Category/Type<br/>011</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Marsha Blackburn for Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement<br/>2008 Primary</p> <p>Candidate Name<br/>Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: TN District: 07</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 68267-0255395770072</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Category/Type<br/>011</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement<br/>2008 Primary</p> <p>Candidate Name<br/>Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House<br/><input type="checkbox"/> Senate<br/><input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 68267-3044244647026</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 03 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>Category/Type<br/>011</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4500.00 |
| <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)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Price for Congress   | Transaction ID: 60803-9020044207573<br>Date of Disbursement  |
|    | Mailing Address PO Box 425  | <input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>  |
|    | City Roswell State GA Zip Code 30077  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution - General  | <input type="text" value="5000.00"/>   |
|    | Candidate Name Rep. Thomas E. Price   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: GA District: 06 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>Rangel for Congress  | Transaction ID: 68267-3892480731010<br>Date of Disbursement  |
|    | Mailing Address PO Box 5577   | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2008"/>  |
|    | City New York State NY Zip Code 10027   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement 2008 Primary  | <input type="text" value="2500.00"/>   |
|    | Candidate Name Rep. Charles B. Rangel   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 15 | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

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