FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

ADDRESS (number and street) ▼ P.O. Box 64

☒ Check if different than previously reported. (ACC)

CITY ▲ Annapolis STATE ▲ MD ZIP CODE ▲ 21401 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00421040

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 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 JENNIFER Louise SEARFOSS

Signature of Treasurer *JENNIFER Louise SEARFOSS* ***[Electronically Filed]*** Date 01 / 31 / 2012

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period: From: 07 / 01 / 2011 To: 12 / 31 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		21521.50
(b) Cash on Hand at Beginning of Reporting Period	25146.50	
(c) Total Receipts (from Line 19)	17650.00	27293.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42796.50	48814.50
7. Total Disbursements (from Line 31)	15000.00	21018.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27796.50	27796.50
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

FEC **Form 3X** (Rev. 06/2004)

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Report Covering the Period: From: 07 / 01 / 2011 To: 12 / 31 / 2011

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6950.00	12925.00
(ii) Unitemized	700.00	4368.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	7650.00	17293.00
(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) ▶	7650.00	17293.00
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)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	10000.00	10000.00
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 Transfers (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)) ▶	17650.00	27293.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	17650.00	27293.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	18.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	18.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	11000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	10000.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	15000.00	21018.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	15000.00	21018.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7650.00	17293.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7650.00	17293.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	18.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	18.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Kenneth Adams
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5378
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR LYNN A BATTEN
Mailing Address: 3715 DAUPIN ST STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5393
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR BROM D BECKERMAN
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5426
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial)
CATHLEEN D BIGA

Mailing Address 921 WINDMERE COURT

City: DARIEN | State: IL | Zip Code: 60561

FEC ID number of contributing federal political committee. C

Name of Employer: CARDIOVASCULAR MGT ILLINOIS
Occupation: ADMINISTRATOR

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5444

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
Dr. Alan M. Blaker

Mailing Address 901 E. Cheves Street
Suite 600

City: Florence | State: SC | Zip Code: 29506

FEC ID number of contributing federal political committee. C

Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5465

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
DR RALPH S BUCKLEY

Mailing Address 3715 DAUPHIN
STE 4400

City: MOBILE | State: AL | Zip Code: 36608

FEC ID number of contributing federal political committee. C

Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5394

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): NK FR T BUNCH DR
Mailing Address: 3715 DAUPHIN ST, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5395
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR KENNETH M BURNHAM
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5396
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR LUTHER D CAVE
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5397
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial)
DR RICHARD J CHERNICK

Mailing Address 3715 DAUPHIN
STE 4400

City: MOBILE
State: AL
Zip Code: 36608

FEC ID number of contributing federal political committee. C

Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5398

Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial)
DR GLENN A COCHRAN

Mailing Address 3715 DAUPHIN
STE 4400

City: MOBILE
State: AL
Zip Code: 36608

FEC ID number of contributing federal political committee. C

Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5399

Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
DR JASON H COLE

Mailing Address 3715 DAUPHIN
STE 4400

City: MOBILE
State: AL
Zip Code: 36608

FEC ID number of contributing federal political committee. C

Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5400

Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Ashwini Davuluri
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5380
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR BRIAN D DEARING
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5401
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR ERIK A EWAYS
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5402
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Paul Farrell
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5390
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR LEON A FELDMAN
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5427
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR KENNETH E FRANCEZ
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5403
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): PAUL A FREIER MD
Mailing Address: 6108 WOODCREEK CT
City: BURR RIDGE State: IL Zip Code: 60521
FEC ID number of contributing federal political committee: C
Name of Employer: ILLINOIS HEART AND VASCULAR
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5446
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR Andrew D Frutkin
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5440
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Ruple Galani
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5391
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) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR STEPHANIE D GROSZ
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07/11/2011
Transaction ID : SA11AI.5404
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR BARRY T HACKSHAW
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10/11/2011
Transaction ID : SA11AI.5428
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR KARL V HAKMILLER
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07/11/2011
Transaction ID : SA11AI.5405
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Dr. W. Daniel Hardaway
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence | State: SC | Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5463
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR MIR W HASHIMI
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE | State: AL | Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5421
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Carl David Hassel
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville | State: FL | Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5381
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Thomas Hilton
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5382
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): Dr Kurt Holland
Mailing Address: P.O. Box 971
City: Ann Arbor State: MI Zip Code: 48106
FEC ID number of contributing federal political committee: C
Name of Employer: Michigan Heart PC
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5457
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR DAMON E KELSAY
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5429
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR PUNEET K KHANNA
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5430
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR DALE S KIRBY
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5406
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Dr. Fred M. Krainin
Mailing Address: 901 E. Cheves Street Suite 600
City: Florence State: SC Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5461
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR KHOI M LE
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5431
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): Dr. Gavin M. Leask
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence State: SC Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5459
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Dr. James T. Lee
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence State: SC Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5464
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Shannon Leu
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5383
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): Marc Litt
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5384
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Dr. Rajesh Malik
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence State: SC Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5466
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR DAVID C MAYER
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5407
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR MICHAEL W MONSON
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5408
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR JOHN A MORROW
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5409
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR THOMAS F MURPHY
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5432
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): Dr. Nicolette B. Naso
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence State: SC Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5462
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): JOHN D NELSON
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5424
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): Dr. Anil Om
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence | State: SC | Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5460
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR LESTER D PADILLA
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE | State: CA | Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5433
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Dr. Amit V. Pande
Mailing Address: 901 E. Cheves Street, Suite 600
City: Florence | State: SC | Zip Code: 29506
FEC ID number of contributing federal political committee: C
Name of Employer: Pee Dee Cardiology Associates
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5458
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR PHILIP J PATEL
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5434
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): DR GERRY M PHILLIPS
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5410
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): Pamela Rama
Mailing Address: 1905 Corporate Square Blvd
City: Jacksonville State: FL Zip Code: 32216
FEC ID number of contributing federal political committee: C
Name of Employer: Jacksonville Heart Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5385
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR ANDREW M RUBIN
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5435
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR PHILIP J SHAVER
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5436
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): GREG S SIMPSON
Mailing Address: 19460 YORKSHIRE
City: MOKENA State: IL Zip Code: 60448
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOVASCULAR MGT ILLINOIS
Occupation: ADMINISTRATOR
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5445
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): DR ERIC M SONTZ
Mailing Address: 39000 BOB HOPE DRIVE
City: RANCHO MIRAGE State: CA Zip Code: 92270
FEC ID number of contributing federal political committee: C
Name of Employer: DESERT CARDIOLOGY CONSULTANTS
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 10 / 11 / 2011
Transaction ID : SA11AI.5437
Amount of Each Receipt this Period: 100.00

B. Full Name (Last, First, Middle Initial): DR JAMES R STINEBAUGH
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5411
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial): DR JAMES A STOREY
Mailing Address: 3715 DAUPHIN STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5412
Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.
Full Name (Last, First, Middle Initial): DR DAVID E TRICE
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5413
Amount of Each Receipt this Period: 100.00

B.
Full Name (Last, First, Middle Initial): DR JOHN M TROTTER
Mailing Address: 3715 DAUPHIN, STE 4400
City: MOBILE State: AL Zip Code: 36608
FEC ID number of contributing federal political committee: C
Name of Employer: CARDIOLOGY ASSOC OF MOBILE
Occupation: PHYSICIAN
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 100.00
Date of Receipt: 07 / 11 / 2011
Transaction ID : SA11AI.5414
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

TOTAL This Period (last page this line number only) ▶ 6950.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.
Full Name (Last, First, Middle Initial): Cardiology Advocacy Alliance, Inc.
Mailing Address: 11065 Home Shore Drive
City: Pinckney State: MI Zip Code: 48169-9562
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10000.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2011
Transaction ID : SA17.5506
Amount of Each Receipt this Period: 10000.00
Erroneous online transfer between bank accounts bw associated entity and PAC. Refunded 11/3.

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 10000.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): BUCSHON FOR CONGRESS
Mailing Address: PO BOX 250
City: NEWBURGH State: IN Zip Code: 47629
Purpose of Disbursement: Contribution
Candidate Name: BUCSHON FOR CONGRESS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 08
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5492
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): EVERY REPUBLICAN IS CRUCIAL (ERICPAC)
Mailing Address: 25 E MAIN STREET SUITE 200
City: RICHMOND State: VA Zip Code: 23219
Purpose of Disbursement: Contribution
Candidate Name: EVERY REPUBLICAN IS CRUCIAL (ERICPAC)
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5481
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF JOHN BARROW
Mailing Address: PO BOX 8166
City: SAVANNAH State: GA Zip Code: 31412
Purpose of Disbursement: Contribution
Candidate Name: FRIENDS OF JOHN BARROW
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 12
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5488
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. Full Name (Last, First, Middle Initial): MARSHA BLACKBURN FOR CONGRESS, INC.
Mailing Address: PO BOX 3750
City: BRENTWOOD State: TN Zip Code: 37024
Purpose of Disbursement: Contribution
Candidate Name: MARSHA BLACKBURN FOR CONGRESS INC.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 07
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5490
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC
Mailing Address: 700 13TH STREET, NW SUITE 600
City: WASHINGTON State: DC Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name: NEW DEMOCRAT COALITION POLITICAL ACTION COMMITTEE AKA NDC PAC
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5485
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. BOX 425
City: ROSWELL State: GA Zip Code: 30077
Purpose of Disbursement: Contribution
Candidate Name: PRICE FOR CONGRESS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 17 / 2011
Transaction ID : SB23.5486
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.
Full Name (Last, First, Middle Initial): SCHWARTZ, ALLYSON Y.
Mailing Address: P.O. BOX 2232
City: JENKINTOWN State: PA Zip Code: 19046
Purpose of Disbursement: Pizza with Allyson Schwartz event
Candidate Name: SCHWARTZ, ALLYSON Y.
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 13
Disbursement For: 2012 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 12 / D D 14 / Y Y Y Y 2011
Transaction ID : SB23.5489
Amount of Each Disbursement this Period: 1000.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶ 5000.00

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

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

NAME OF COMMITTEE (In Full)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A.
Full Name (Last, First, Middle Initial): Cardiology Advocacy Alliance, Inc.
Mailing Address: 11065 Home Shore Drive
City: Pinckney State: MI Zip Code: 48169-9562
Purpose of Disbursement: Refund of erroneous transfer between associated company accnt and PAC accnt. See 10/11/2011 receipt
Candidate Name:
Category/Type:
Office Sought: House / Senate / President
State: District:
Disbursement For: Primary / General / Other (specify)
Date of Disbursement: M M 11 / D D 03 / Y Y Y Y 2011
Transaction ID : SB29.5469
Amount of Each Disbursement this Period: 10000.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶ 10000.00