



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value=""/>	<input type="text" value="36524.80"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="75266.94"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23790.93"/>	<input type="text" value="332706.91"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="99057.87"/>	<input type="text" value="369231.71"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29105.61"/>	<input type="text" value="299279.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69952.26"/>	<input type="text" value="69952.26"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	20404.69	276586.93
(ii) Unitemized .....	2020.01	45460.58
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22424.70	322047.51
(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) .....	22424.70	322047.51
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).....	1366.23	10659.40
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 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))..... ▶	23790.93	332706.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	23790.93	332706.91

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	1105.61	10602.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1105.61	10602.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	288200.00
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	476.66
(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	476.66
29. Other Disbursements .....	0.00	0.00
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)) ..	29105.61	299279.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29105.61	299279.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	22424.70	322047.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	476.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	22424.70	321570.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1105.61	10602.79
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1366.23	10659.40
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-260.62	-56.61



**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 7 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Nizar A. Assi F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10012 Kennerly Rd  
 Ste 301  
 City Saint Louis State MO Zip Code 63128-2197  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Gateway Cardiology, PC Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.62

Date of Receipt 11 / 25 / 2015  
**Transaction ID : 4B9D85BF9A143FEE7967**  
 Amount of Each Receipt this Period 30.42

**B. Michael A. Balk F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5670 Peachtree Dunwoody Rd  
 Ste 880  
 City Atlanta State GA Zip Code 30342-4789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside Cardiology Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 22 / 2015  
**Transaction ID : A8CD3B59-AA0F-4AF0-**  
 Amount of Each Receipt this Period 250.00

**C. William B. Bauman F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 670 Pine Point Dr  
 City Akron State OH Zip Code 44333-1779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summa Health System Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 30 / 2015  
**Transaction ID : D7F01C2C643C29B4DF5**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	780.42
<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 OF 42
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Alfred A. Bove PHD, M.A.C</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 3401 N Broad St Parkinson Pavilion Suite 920		<b>Transaction ID : 4E8BB7CA2DCADBAB5D8</b>
City Philadelphia	State PA	Zip Code 19140-5103
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Temple University Hospital	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Joseph G. Cacchione F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 9500 Euclid Ave Desk J2-3		<b>Transaction ID : 47D38528B9B5C3784EC9</b>
City Cleveland	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 125.00
Name of Employer Cleveland Clinic Foundation	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.00	

Full Name (Last, First, Middle Initial) <b>C. Fadi N. Chaaban F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 30 / 2015
Mailing Address 7 Orchard Dr		<b>Transaction ID : FE0D25A490F9E50AFBF</b>
City Montville	State NJ	Zip Code 07045-9633
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 42
	<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	<input type="checkbox"/> 17

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

**A. Richard A. Chazal F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 671 N Town and River Dr  
 City Fort Myers State FL Zip Code 33919-5931  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lee Physician Group-The Heart Group Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **916.74**

Date of Receipt **11 / 07 / 2015**  
**Transaction ID : 4E52A4BAF8C4E0599AAB**  
 Amount of Each Receipt this Period **83.34**

**B. Bernard A. Clark F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 95 Johnny Cake Ln  
 City Glastonbury State CT Zip Code 06033-2545  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Francis Hospital and Medical Cente Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **11 / 23 / 2015**  
**Transaction ID : 4163A7CAEDE5AA4833F**  
 Amount of Each Receipt this Period **50.00**

**C. Jason H. Cole MS, F.A.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6456 Canebrake Rd  
 City Mobile State AL Zip Code 36695-3818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 30 / 2015**  
**Transaction ID : 829AAA62E5845ADC435**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **383.34**  
**TOTAL** This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 11 OF 42  
(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. George H. Crossley F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 Stratton Pl  
 Ste 5209  
 City Brentwood State TN Zip Code 37027-4228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vanderbilt University Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 40829D32AFB5C8C09F19**  
 Amount of Each Receipt this Period  
 250.00

**B. Patrick J. Curran F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Annawamscutt Rd  
 City Barrington State RI Zip Code 02806-1916  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 9759D29249805DB18B3**  
 Amount of Each Receipt this Period  
 500.00

**c. Gregory J. Dehmer M.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2401 S 31st St  
 MS 33-ST156  
 City Temple State TX Zip Code 76508-0001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Scott & White Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015  
**Transaction ID : F76B5976-5C99-44F9-**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Timothy A. Dewhurst F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2015 <b>Transaction ID : 4D60B3CBEE2056B8D050</b>
Mailing Address 4819 18th Ave SW		Amount of Each Receipt this Period 100.00
City Seattle	State WA	Zip Code 98106-1548
FEC ID number of contributing federal political committee. C		
Name of Employer Group Health	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Arthur Lee Eberly F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 <b>Transaction ID : 4BEF9098F458EE8D7A</b>
Mailing Address 202 Chamberlain Ct		Amount of Each Receipt this Period 83.34
City Greenville	State SC	Zip Code 29605-3161
FEC ID number of contributing federal political committee. C		
Name of Employer Carolina Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 708.39	

Full Name (Last, First, Middle Initial) <b>C. David M. Evans F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2015 <b>Transaction ID : 4079BB173FA91C2985B4</b>
Mailing Address 130 Ashlei Ln		Amount of Each Receipt this Period 100.00
City Searcy	State AR	Zip Code 72143-3024
FEC ID number of contributing federal political committee. C		
Name of Employer Heart Clinic Arkansas	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.34
<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 13 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Andrew Dundee Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 550 S Landmark Ave  
 Landmark Medical Center  
 City Bloomington State IN Zip Code 47403-3239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Internal Medicine Associates Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 416A83E826FA38F76169**  
 Amount of Each Receipt this Period  
 20.83

**B. Mark D. Gelernt F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 740 Jeffrey Rd  
 City Moorestown State NJ Zip Code 08057-1932  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Associates Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 2E14B7212289A3F080C**  
 Amount of Each Receipt this Period  
 1000.00

**C. Michael F. Gilson F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 100 Prospect St  
 City Providence State RI Zip Code 02906-1446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 03 / 2015  
**Transaction ID : 46C3A3448340C9494FAA**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1120.83
<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 14 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Prospero B. Gogo F.A.C.C.</b>		Date of Receipt
Mailing Address 111 Colchester Ave McClure1Cardiology		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Burlington	State VT	Zip Code 05401-1473
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 41379311F26DF048A2D4</b>
Name of Employer Interventional-Univ. of Vermont/Fletch		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="916.74"/>	

Full Name (Last, First, Middle Initial) <b>B. Anuj Gupta F.A.C.C.</b>		Date of Receipt
Mailing Address 1400 William St		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City Baltimore	State MD	Zip Code 21230-4545
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4D0D81002F3CCBB1E1B2</b>
Name of Employer University of Maryland School of Medic		Amount of Each Receipt this Period
Occupation INTERVENTIONAL CARDIOLOGY		<input type="text" value="41.66"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="288.30"/>	

Full Name (Last, First, Middle Initial) <b>c. Thomas A. Haffey F.A.C.C.</b>		Date of Receipt
Mailing Address 9141 Grant St Ste 140		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Thornton	State CO	Zip Code 80229-4367
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4E4C85AB2BB92E132241</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1583.46"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="208.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>





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

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

FOR LINE NUMBER: PAGE 17 OF 42  
(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. Saji C. Jacob F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5116 Lake Crest Cir  
 City Hoover State AL Zip Code 35226-5027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Associates of the South Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2015  
**Transaction ID : 41A3A06056563D4FB8F3**  
 Amount of Each Receipt this Period 25.00

**B. Timothy D. Jacobson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2629 NE 23rd Ave  
 City Portland State OR Zip Code 97212-4825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt 11 / 11 / 2015  
**Transaction ID : 45419F1FDE74E2A57456**  
 Amount of Each Receipt this Period 20.83

**c. Richard A. Josephson F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Harrington Heart and Vascular Inst Case Medical Center  
 City Cleveland State OH Zip Code 44106-5038  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Case Medical Center/University Hospita Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 11 / 22 / 2015  
**Transaction ID : D9D1B0BC-AF37-437C-**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 545.83  
**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 18 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. John Joseph Kelly F.A.C.C.</b>		Date of Receipt 11 / 05 / 2015 <b>Transaction ID : E0B7DD73-45E4-4C17-</b>
Mailing Address 1 Centurian Dr Ste 200		Amount of Each Receipt this Period 1000.00
City Newark	State DE Zip Code 19713-2150	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1000.00
Name of Employer ABBY Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steven E. Kornberg F.A.C.C.</b>		Date of Receipt 11 / 18 / 2015 <b>Transaction ID : 4B9D8E9140F366B15805</b>
Mailing Address 155 Medical Center Way FI 2		Amount of Each Receipt this Period 41.66
City Somers Point	State NJ Zip Code 08244-2306	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 416.60
Name of Employer Penn Cardiology Somers Point	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Smadar Kort F.A.C.C.</b>		Date of Receipt 11 / 24 / 2015 <b>Transaction ID : 4FBFADC7EEE21D666507</b>
Mailing Address 65 Mimosa Dr		Amount of Each Receipt this Period 83.34
City Roslyn	State NY Zip Code 11576-2215	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 500.04
Name of Employer Stony Brook University Medical Center	Occupation ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<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 19 OF 42
	<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	<input type="checkbox"/> 17

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

**A. Avinash A. Kothavale F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Diamond Hill Rd  
 Summit Medical Group  
 City Berkeley Heights State NJ Zip Code 07922-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Summit Medical Group Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 15 / 2015  
**Transaction ID : 816F05C4-1FAA-4627-**  
 Amount of Each Receipt this Period  
**250.00**

**B. Fred M. Krainin F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3817 Cherrywood Rd  
 City Florence State SC Zip Code 29501-9209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pee Dee Cardiology Associates Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 96CD369EA1F24D5CFD4**  
 Amount of Each Receipt this Period  
**500.00**

**C. Ajay Krishen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4970 Lakeshore Rd  
 City Fort Gratiot State MI Zip Code 48059-3539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiology Associates of Port Huron PC Occupation INTERNAL MEDICINE  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : AE5CD522A1AA548DB4C**  
 Amount of Each Receipt this Period  
**250.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Vijay S. Kusnoor F.A.C.C.</b>		Date of Receipt
Mailing Address 3570 College St		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Beaumont	TX	77701-4683
FEC ID number of contributing federal political committee.		<b>Transaction ID : E02A78F1BF1A9A6F850</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Self-Employed	PEDIATRIC CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Christopher Learn F.A.C.C.</b>		Date of Receipt
Mailing Address 1418 Race St Unit 1		<input type="text" value="11"/> / <input type="text" value="19"/> / <input type="text" value="2015"/>
City	State	Zip Code
Cincinnati	OH	45202-7050
FEC ID number of contributing federal political committee.		<b>Transaction ID : 42749060566C01144E6B</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Cincinnati Children's Medical Center	ADULT CONGENITAL CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Gilbert A. Leidig F.A.C.C.</b>		Date of Receipt
Mailing Address 1 Centurian Dr Ste 200		<input type="text" value="11"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City	State	Zip Code
Newark	DE	19713-2150
FEC ID number of contributing federal political committee.		<b>Transaction ID : 492AA9CE034C431D0D00</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="275.00"/>
Name of Employer	Occupation	
Cardiology Physicians, P.A.Abby Medica	INTERVENTIONAL CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="275.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 21 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Norman E. Lepor F.A.C.C.</b>		Date of Receipt 11 / 28 / 2015 <b>Transaction ID : 49CBB10B0B0DC959F774</b>
Mailing Address 99 N La Cienega Blvd Ste 203		Amount of Each Receipt this Period 83.34
City Beverly Hills	State CA	Zip Code 90211-2285
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 166.68	

Full Name (Last, First, Middle Initial) <b>B. Steve Leung F.A.C.C.</b>		Date of Receipt 11 / 02 / 2015 <b>Transaction ID : 429494114C195D12F854</b>
Mailing Address 3749 Horsemint Trl		Amount of Each Receipt this Period 83.34
City Lexington	State KY	Zip Code 40509-2947
FEC ID number of contributing federal political committee. C		
Name of Employer University of Kentucky	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

Full Name (Last, First, Middle Initial) <b>C. Thomas J. Lewandowski F.A.C.C.</b>		Date of Receipt 11 / 07 / 2015 <b>Transaction ID : 4480AF3759D2039DCE0E</b>
Mailing Address 113 Limekiln Dr		Amount of Each Receipt this Period 210.00
City Neenah	State WI	Zip Code 54956-4213
FEC ID number of contributing federal political committee. C		
Name of Employer Appleton Cardiology ThedaCare	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	376.68
<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 22 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Sandra J. Lewis F.A.C.C.</b>		Date of Receipt
Mailing Address 5342 SW Hewett Blvd		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Portland	OR	97221-2254
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4B5197261C7C025366DA</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="83.34"/>
Name of Employer	Occupation	
NW Cardiovascular Institute	CLINICAL CARDIOLOGY/GENERAL CARDIO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="947.74"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Sunil V. Mankad F.A.C.C.</b>		Date of Receipt
Mailing Address 200 1st St SW Gonda 5 South Room 5-209		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rochester	MN	55905-0001
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4F0C9BFDBADB6DB4F31</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Mayo Clinic	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="916.63"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. J. Jeffrey Marshall F.A.C.C.</b>		Date of Receipt
Mailing Address 200 S Enota Dr NE Ste 200		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City	State	Zip Code
Gainesville	GA	30501-3466
FEC ID number of contributing federal political committee.		<b>Transaction ID : 4BF5B77C5CECA984C1CE</b>
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text" value="208.34"/>
Name of Employer	Occupation	
The Heart Center	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2083.40"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.01"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 42
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Alberto E. Montalvo F.A.C.C.</b>			Date of Receipt 11 / 08 / 2015 <b>Transaction ID : 4A8EBF81F15973568648</b>
Mailing Address 5928 Riverview Blvd			Amount of Each Receipt this Period 83.33
City Bradenton	State FL	Zip Code 34209-1859	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 333.32
Name of Employer Bradenton Cardiology		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Henry F. Novack F.A.C.C.</b>			Date of Receipt 11 / 30 / 2015 <b>Transaction ID : EBD85A3AD347DD3F8DA</b>
Mailing Address 48 Meadowlark Rd			Amount of Each Receipt this Period 500.00
City Rye Brook	State NY	Zip Code 10573-1220	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C. William Oetgen</b>			Date of Receipt 11 / 30 / 2015 <b>Transaction ID : DC847F2E4614227E068</b>
Mailing Address 2400 N St NW Heart House			Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20037-1153	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00
Name of Employer American College of Cardiology		Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1583.33
<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 25 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Umesh A. Patel F.A.C.C.</b>		Date of Receipt 11 / 05 / 2015 <b>Transaction ID : F5EAC443-9FC6-4DB3-</b>
Mailing Address 64040 Highway 434 Ste 200		Amount of Each Receipt this Period 500.00
City Lacombe	State LA Zip Code 70445-3499	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Louisiana Heart Medical Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>B. Umesh A. Patel F.A.C.C.</b>		Date of Receipt 11 / 30 / 2015 <b>Transaction ID : DA167D98B52DCCF3E5B</b>
Mailing Address 132 E Ruelle Dr Ste 200		Amount of Each Receipt this Period 500.00
City Mandeville	State LA Zip Code 70471-1751	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Louisiana Heart Medical Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>c. Vaughn W. Payne F.A.C.C.</b>		Date of Receipt 11 / 25 / 2015 <b>Transaction ID : 475AB2E16FA50E733C61</b>
Mailing Address 6713 Regal Rd Ste 400		Amount of Each Receipt this Period 83.33
City Louisville	State KY Zip Code 40222-6195	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 916.63
Name of Employer Caresource	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1083.33
<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 26 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. William H. Pentz F.A.C.C.</b>		Date of Receipt
Mailing Address 230 W Washington Sq FI 3		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
City Philadelphia	State PA	Zip Code 19106-3500
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4FCDAC907038E5A57F45</b>
Name of Employer Penn Cardiology At Pennsylvania Hospit		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="990.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="990.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Neal S. Perlmuter F.A.C.C.</b>		Date of Receipt
Mailing Address 7002 126th Ave NE		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Kirkland	State WA	Zip Code 98033-8325
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4D02BA8AFB19B4C7CC5F</b>
Name of Employer Self-Employed		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="41.68"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1083.44"/>		

Full Name (Last, First, Middle Initial) <b>c. Matthew Phillips F.A.C.C.</b>		Date of Receipt
Mailing Address 12721 Monte Castillo Pkwy		<input type="text" value="11"/> / <input type="text" value="07"/> / <input type="text" value="2015"/>
City Austin	State TX	Zip Code 78732-1631
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 4914AE268093CF040AFD</b>
Name of Employer Austin Heart, P.A.		Amount of Each Receipt this Period
Occupation ADULT CARDIOLOGY		<input type="text" value="83.34"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1166.76"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="215.02"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 42
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Matthew Phillips F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12721 Monte Castillo Pkwy  
 City Austin State TX Zip Code 78732-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Heart, P.A. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.76

Date of Receipt 11 / 20 / 2015  
**Transaction ID : 4ADE896793DFC0F35A62**  
 Amount of Each Receipt this Period 83.34

**B. Matthew Phillips F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12721 Monte Castillo Pkwy  
 City Austin State TX Zip Code 78732-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Heart, P.A. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1166.76

Date of Receipt 11 / 28 / 2015  
**Transaction ID : 483E9F385A85F8CBF079**  
 Amount of Each Receipt this Period 83.34

**C. John W. Pickrell F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1230 E 1st St  
 City Casper State WY Zip Code 82601-2704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wyoming CardioPulmonary Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 18 / 2015  
**Transaction ID : 4983BE0795265580B74A**  
 Amount of Each Receipt this Period 85.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 251.68  
**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 28 OF 42
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Geetha Raghuveer F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2015 <b>Transaction ID : 420C8BE0AD6DAA18C58A</b>
Mailing Address 5354 Mission Woods Rd		Amount of Each Receipt this Period 208.34
City Shawnee Mission	State KS	Zip Code 66205-2008
FEC ID number of contributing federal political committee. C	Name of Employer Children's Mercy Hospital Occupation PEDIATRIC CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.40	

Full Name (Last, First, Middle Initial) <b>B. George P. Rodgers F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2015 <b>Transaction ID : 4B0CADF1945150BCCD4F</b>
Mailing Address 2441 Westlake Dr		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746-2950
FEC ID number of contributing federal political committee. C	Name of Employer Seton Heart Institute Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>c. Orlando Rodriguez-Vila F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 <b>Transaction ID : 4AC7BA85A23185457BAC</b>
Mailing Address 265 Calle Jilguero		Amount of Each Receipt this Period 83.34
City San Juan	State PR	Zip Code 00926-7109
FEC ID number of contributing federal political committee. C	Name of Employer Assistant Chief, Medical Service, Cath Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.68
<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 29 OF 42
	<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	<input type="checkbox"/> 17

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

**A. Michael F. Romanelli F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Lakeside Ct  
 City State Zip Code  
 Grosse Pointe MI 48230-1906  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Woods Crdvsclr Pulmonary Assoc PC ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 25F4FF353EA920BA0DF**  
 Amount of Each Receipt this Period  
 100.00

**B. David A. Rosenbaum F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1400 E Boulder St # 700  
 City State Zip Code  
 Colorado Springs CO 80909-5533  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UC Health Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOI  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 916.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 07 / 2015  
**Transaction ID : 4E8391D9B8314D755E8E**  
 Amount of Each Receipt this Period  
 83.34

**c. Robert L. Rothbard F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Via Tuscany  
 City State Zip Code  
 Winter Park FL 32789-1558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cardiology Consultants ADULT CARDIOLOGY  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 463E9D7375FA56CD8E5E**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 208.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. John S. Rumsfeld PHD, F.A.C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 130 S Cherry St  
 City Denver State CO Zip Code 80246-1031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2015  
**Transaction ID : 4DE5919FFED09840646B**  
 Amount of Each Receipt this Period  
 83.33

**B. Mark J. Sada F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1009 Goldenrod Ln  
 City San Luis Obispo State CA Zip Code 93401-7695  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 97BD97B86C8B64B83F5**  
 Amount of Each Receipt this Period  
 250.00

**C. John Thomas Saxon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6010 Central St  
 City Kansas City State MO Zip Code 64113-1410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Luke's Mid America Heart Institute  
 Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : 4CA1AB979A60BB391E74**  
 Amount of Each Receipt this Period  
 20.83

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	354.16
<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 31 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Thomas P. Schleter F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015
Mailing Address 8333 Naab Rd Ste 400		<b>Transaction ID : F6B73C99-B608-4268-</b>
City Indianapolis	State IN	Zip Code 46260-1992
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1000.00
Name of Employer St Vincent Medical Group	Occupation HEART FAILURE/TRANSPLANT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Michael K. Schroyer A.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 07 / 2015
Mailing Address 9065 Pebblepointe Cir		<b>Transaction ID : 45338B363987D1B8B38B</b>
City Zionsville	State IN	Zip Code 46077-8992
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 83.34
Name of Employer Saint Vincent Heart Center of Indiana	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.40	

Full Name (Last, First, Middle Initial) <b>c. Timothy J. Shanahan F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015
Mailing Address 6177 Country Club Dr		<b>Transaction ID : 473A8BF1D4ECC43941A2</b>
City Easton	State MD	Zip Code 21601-8567
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.83
Name of Employer Chesapeake Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1104.17
<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 32 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Susan Smyth PHD, F.A.C</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : E4C8F444-6358-42E3-</b>
Mailing Address Division of Cardiovascular Medicin 326 Wethington Building		Amount of Each Receipt this Period 250.00
City Lexington State KY Zip Code 40536-0001	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Kentucky Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>B. Susan Smyth PHD, F.A.C</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 13 / 2015 <b>Transaction ID : EAF4FD49-2F32-4DB2-</b>
Mailing Address Division of Cardiovascular Medicin 326 Wethington Building		Amount of Each Receipt this Period 250.00
City Lexington State KY Zip Code 40536-0001	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer University of Kentucky Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOI	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

Full Name (Last, First, Middle Initial) <b>c. Michael J. Springer F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 <b>Transaction ID : 4768A2BDF99CF2354ECF</b>
Mailing Address 803 Towner PI Ste 200		Amount of Each Receipt this Period 41.66
City Louisville State KY Zip Code 40223-2568	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Norton Cardiovascular Associates Occupation ELECTROPHYSIOLOGY	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 458.26

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.66
<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 33 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Suma A. Thomas F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 25 / 2015 <b>Transaction ID : 47FE9D4F14560DFB8656</b>
Mailing Address 701 W Lakeside Ave Apt 801		Amount of Each Receipt this Period 208.34
City Cleveland	State OH	Zip Code 44113-5517
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.74	

Full Name (Last, First, Middle Initial) <b>B. Juan Villafane F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2015 <b>Transaction ID : 461B851112CAE813BC94</b>
Mailing Address 1400 Willow Ave 1205		Amount of Each Receipt this Period 20.83
City Louisville	State KY	Zip Code 40204-2506
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation PEDIATRIC CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 229.13	

Full Name (Last, First, Middle Initial) <b>C. Thad F. Waites F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 01 / 2015 <b>Transaction ID : 401080B29DE7632C5493</b>
Mailing Address 1017 Richburg Rd		Amount of Each Receipt this Period 208.34
City Hattiesburg	State MS	Zip Code 39402-9055
FEC ID number of contributing federal political committee. C		
Name of Employer Southern Heart Center	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1875.06	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	437.51
<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 34 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Howard T. Walpole MBA, F.A.C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Bridgewater Cir  
 City Gainesville State GA Zip Code 30506-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeast Georgia Health System Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1291.65

Date of Receipt 11 / 27 / 2015  
**Transaction ID : 4A42B94AB10FDE1BF3E0**  
 Amount of Each Receipt this Period 83.33

**B. Howard T. Walpole MBA, F.A.C**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Bridgewater Cir  
 City Gainesville State GA Zip Code 30506-1857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeast Georgia Health System Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1291.65

Date of Receipt 11 / 28 / 2015  
**Transaction ID : 415D9E50FF76F310766C**  
 Amount of Each Receipt this Period 83.34

**c. Mary Norine Walsh F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 428 W 83rd PI  
 City Indianapolis State IN Zip Code 46260-4905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St Vincent Heart Center of Indiana Occupation HEART FAILURE/TRANSPLANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 29 / 2015  
**Transaction ID : 402CA655FCBCFF71AC05**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 266.67  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 42
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bruce A. Watt F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 08 / 2015
Mailing Address 221 E 21st St		<b>Transaction ID : 452CAFC2960DE7EA4520</b>
City Sioux Falls	State SD	Zip Code 57105-1924
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 83.33	
Name of Employer North Central Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.63	

Full Name (Last, First, Middle Initial) <b>B. Gary L. Weeks F.A.C.C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 20 / 2015
Mailing Address 1536 N 115th St Ste 200		<b>Transaction ID : F80B0E3F-F75C-4EED-</b>
City Seattle	State WA	Zip Code 98133-8400
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Summit Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel E. Westerdahl</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2015
Mailing Address 114 N Doheny Dr Apt 103		<b>Transaction ID : 47BC87E1A13C7EEE7147</b>
City West Hollywood	State CA	Zip Code 90048-2015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.83	
Name of Employer Cedars-Sinai Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.83	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	354.16
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 42
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marcus L. Williams F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 W Peachtree St NW  
 Unit 2801  
 City Atlanta State GA Zip Code 30308-3555  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 2D0B141FCCB33A5D2E9**  
 Amount of Each Receipt this Period  
 500.00  
 Aggregate Year-to-Date ▼  
 500.00

**B. B. Hadley Wilson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Blythe Blvd  
 Ste 300  
 City Charlotte State NC Zip Code 28203-5863  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sanger Clinic, PA Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2015  
**Transaction ID : 4A1D89148B0221DA17A9**  
 Amount of Each Receipt this Period  
 90.00  
 Aggregate Year-to-Date ▼  
 820.00

**C. Stuart A. Winston F.A.C.C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 Charlton St  
 City Ann Arbor State MI Zip Code 48103-3910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Michigan Heart, P. C. Michigan Heart & Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015  
**Transaction ID : 76DA713F-E9B7-47E2-**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date ▼  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	840.00
<b>TOTAL</b> This Period (last page this line number only).....▶	20404.69

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

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

FOR LINE NUMBER: PAGE 37 OF 42  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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**

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

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 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 ▼  
10659.40

Date of Receipt  
11 / 12 / 2015  
**Transaction ID : 81E8247E92AC8D2CAAE**

Amount of Each Receipt this Period  
1366.23

Reimbursement for October 2015 Amex Fees and November 2015 Merchant Fees

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1366.23
<b>TOTAL</b> This Period (last page this line number only).....▶	1366.23

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
November 2015 Amex Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

Transaction ID : V2C48A94A5026619D1BE

Amount of Each Disbursement this Period

97.29

Full Name (Last, First, Middle Initial)

**B. Wells Fargo, N.A.**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
November 2015 Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2015

Transaction ID : M2361DAB7BDE24D2A1F2

Amount of Each Disbursement this Period

1008.32

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1105.61

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

1105.61

**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**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund for a Greater America**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

Mailing Address 700 13th Street NW  
Suite 600

**Transaction ID : 059BD8AC0FC997D2C33**

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2015 Contribution

011
Category/ Type

Candidate Name

**AMERIPAC: The Fund for a Greater America**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

Full Name (Last, First, Middle Initial)

**B. Ami Bera for Congress**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

Mailing Address PO Box 582496

**Transaction ID : 422F849ACB7CC015FD6**

City Elk Grove State CA Zip Code 95758

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2016 Primary

011
Category/ Type

Candidate Name

**Amerish B. Bera**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Contribution**

State: CA District: 07

Full Name (Last, First, Middle Initial)

**C. BADGERPAC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2015			

Mailing Address PO Box 184

**Transaction ID : 8DFF09EDA8D1D49B21C**

City La Crosse State WI Zip Code 54602

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2015 Contribution

011
Category/ Type

Candidate Name

**BADGERPAC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) **Contribution**

State: District:

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

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

10000.00
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**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**

Full Name (Last, First, Middle Initial)

**A. Bill Flores for Congress**

Mailing Address PO Box 6207

City State Zip Code  
Bryan TX 77805

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**William H. Flores**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 17

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

**Transaction ID : FDB2C3E218C6003575B**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Crowley for Congress**

Mailing Address 84-56 Grand Avenue

City State Zip Code  
Elmhurst NY 11373

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

**Transaction ID : DF466E1401E3EEE9CDF**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Dold for Congress**

Mailing Address PO Box 6312

City State Zip Code  
Libertyville IL 60048

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Robert James Dold Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

**Transaction ID : 8F0E96A36930F144CA0**

Amount of Each Disbursement this Period

1000.00

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

5000.00

**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**

Full Name (Last, First, Middle Initial)

**A. Kinzinger for Congress**

Mailing Address PO Box 2365

City Ottawa State IL Zip Code 61350-6965

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Adam Daniel Kinzinger**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : 7BF1E5CD6B705DDEBB3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Shore PAC**

Mailing Address PO Box 3157

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
2015 Contribution

011

Candidate Name  
**Shore PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Contribution

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : 0236E7DF65F4AC69122

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Tiberi for Congress**

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231-2098

Purpose of Disbursement  
2016 Primary

011

Candidate Name  
**Patrick Joseph Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 12

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 18 / 2015

Transaction ID : B49FE6BEBBBA12CA523

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Trust PAC Team Republicans for Utilizing Sensible Tactics**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Mailing Address 228 S. Washington Street  
Suite 115

**Transaction ID : 0EDFA97EC905C592B36**

City Alexandria State VA Zip Code 22314

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
2015 Contribution

011  
Category/  
Type

Candidate Name

**Trust PAC Team Republicans for Utilizing Sensible Tactics**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Volunteers for Shimkus**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

Mailing Address PO Box 661

**Transaction ID : 30F03001FE4AA62DB98**

City Collinsville State IL Zip Code 62234-0661

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**John M. Shimkus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: IL District: 15

Full Name (Last, First, Middle Initial)

**C. Yoder for Congress, Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2015

Mailing Address PO Box 26742

**Transaction ID : 54B005F771D2536F243**

City Overland Park State KS Zip Code 66225-6742

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
2016 Primary

011  
Category/  
Type

Candidate Name

**Kevin Wayne Yoder**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: KS District: 03

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

8500.00
---------

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

28000.00
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