

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 MAY -2 A 9:46
Office use only

1. NAME OF COMMITTEE (In full)



(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Cardiology Advocacy Alliance, Inc. Political Action Committee, LLC (CAA PAC)

ADDRESS (number and street)

347 Vesclub Drive



(Check if address is changed)

Birmingham

AL

35216

wtcpilot@bellsouth.net

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2058238242

COMMITTEE'S FAX NUMBER

2. DATE

MM 05

DD 01

YYYY 2006

3. FEC IDENTIFICATION NUMBER

C00421040

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

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

Type or Print Name of Treasurer Mr. William T Carlson, Jr.

Signature of Treasurer

MM 05

DD 01

YYYY 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26039063669

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Cardiology Advocacy Alliance, Inc. _____

Mailing Address _____ 44148 Galway Drive _____

_____ Northville _____ MI _____ 48167 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039063670

Write or Type Committee Name

Cardiology Advocacy Alliance, Inc. Political Action Committee, LLC (CAA PAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Mr. William T Carlson, Jr.

Mailing Address P.O. Box 660955

Birmingham AL 35266

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Mr. William T Carlson, Jr.

Mailing Address P.O. Box 660955

Birmingham AL 35266

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 205 823 1842

Full Name of Designated Agent Margo Burrage

Mailing Address 11065 Homeshore Drive

Pinckney MI 48169

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number 734 878 5449

20030907

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

AmSouth Bank

Mailing Address

1400 North 5th Avenue

Suite 300

Birmingham

AL

35203

CITY ▲

STATE ▲

ZIP CODE ▲

26039063672

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed. Exp.</i>	Shipping Date <i>5-1-06</i>
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm W
 PREPARER
 (3/2005)

5-2-06
 DATE PREPARED

25039063673