

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2009 through 01 31 2009

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 Carlton Davids

Signature of Treasurer Electronically Filed by Carlton Davids Date 02 20 2009

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

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	142721.36									
(c) Total Receipts (from Line 19) .....	12865.71	12865.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	155587.07	155587.07								
7. Total Disbursements (from Line 31) .....	5944.84	5944.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149642.23	149642.23								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	7250.00	7250.00
(i) Itemized (use Schedule A) .....	4314.33	4314.33
(ii) Unitemized .....	11564.33	11564.33
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	11564.33	11564.33
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) .....	1301.38	1301.38
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12865.71	12865.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12865.71	12865.71

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	944.84	944.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	944.84	944.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5944.84	5944.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5944.84	5944.84

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	11564.33	11564.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11564.33	11564.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	944.84	944.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1301.38	1301.38
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-356.54	-356.54

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 14  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jay H. Alexander

Mailing Address 2256 Carlyle Court

City State Zip Code  
Buffalo Grove IL 60015-1857

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

Name of Employer Occupation  
North Shore Cardiologists, SC ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2009

**Transaction ID:** 4cd2971923a0a5363639

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas M. Brown

Mailing Address 510 S 26th Street

City State Zip Code  
West Des Moines IA 50265-6457

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

Name of Employer Occupation  
Iowa Heart Center ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
01 / 09 / 2009

**Transaction ID:** 5a95180b3ff7d958f75

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian D. Dearing

Mailing Address 814 Bon Secour Avenue

City State Zip Code  
Fairhope AL 36532-3305

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

Name of Employer Occupation  
Cardiology Associates ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 12 / 2009

**Transaction ID:** f95936bd4a634264bb1

Amount of Each Receipt this Period  
250.00

**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: PAGE 7 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Charlie W. Devlin  
Mailing Address 180 Gregg Parkway  
City Columbia State SC Zip Code 29206-4924  
FEC ID number of contributing federal political committee. **C**  
Name of Employer South Carolina Heart Center Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 01 / 09 / 2009  
Transaction ID: 4ae36ec3fef98de56c1  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert B. Fazio  
Mailing Address 135 Polo Drive  
City Salisbury State NC Zip Code 28144-8512  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mid Carolina Cardiology Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 01 / 26 / 2009  
Transaction ID: e4a04ec83ff4220f61d  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
David W. Kohl  
Mailing Address 7886 Lantana Creek Road  
City Largo State FL Zip Code 33709-3859  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bay Area Heart Center Occupation INTERVENTIONAL CARDIOLOGY  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 01 / 09 / 2009  
Transaction ID: f35194739632c47f573  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00  
**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 8 / 14  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
American College of Cardiology Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Marian C. Limacher

Mailing Address 4623 Northwest 63rd Terrace  
1600 Southwest Archer Road

City Gainesville State FL Zip Code 32610-0277

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

Name of Employer University of Florida Division of Crdvs Occupation ECHOCARDIOGRAPHY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2009  
Transaction ID: d6ddccea5908bba9d9f  
Amount of Each Receipt this Period 250.00

**B.**

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

Mailing Address 105 Lambeth Court

City Lynchburg State VA Zip Code 24503-2148

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

Name of Employer Cardiovascular Associates of Central V Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2009  
Transaction ID: d51a106a8631ea75ca5  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph L. Parrish

Mailing Address 1105 E Massachusetts Avenue

City Southern Pines State NC Zip Code 28387-6737

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

Name of Employer Pinehurst Med. Clin., Inc. Occupation ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2009  
Transaction ID: 41f5296bf50db93e410  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

**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 9 / 14  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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

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

Mailing Address 11 Bowdoin Drive

City Falmouth State ME Zip Code 04105-2557

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

Name of Employer Maine Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 09 / 2009

Transaction ID: f927c1e18971e9e7feb

Amount of Each Receipt this Period 250.00

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

Mailing Address 1380 E Medical Center Drive Suite

City Saint George State UT Zip Code 84790-2156

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 ▼ 1000.00

Date of Receipt 01 / 12 / 2009

Transaction ID: 8dad7074fab47c952ac

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2811 Abbey Manor Circle

City Brookeville State MD Zip Code 20902-5006

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

Name of Employer Self-Employed Occupation ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 12 / 2009

Transaction ID: 6c038877d5cb796ad3a

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**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 10 / 14  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert D. Slama

Mailing Address 44 Edgewood Road

City State Zip Code  
Summit NJ 07922-2104

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

Name of Employer Occupation  
Summit Medical Group 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  
0 1 / 0 9 / 2 0 0 9

Transaction ID: bd947704c3609713bfa

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Nicholas G. Tullo

Mailing Address 9 Old Lane Extension

City State Zip Code  
Towaco NJ 07082-1277

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

Name of Employer Occupation  
Self-Employed ELECTROPHYSIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 9 / 2 0 0 9

Transaction ID: b611acbf443cd884acb

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Pauline Woo

Mailing Address 1505 Hampton Road

City State Zip Code  
San Marino CA 91108-1921

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 0 9

Transaction ID: a1c3b5cc9efb17245f1

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Janet S. Wright		Date of Receipt	
	Mailing Address 2201 N Street Northwest Apt. 302		M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9	
	City	State	Zip Code	<b>Transaction ID:</b> 292ae079cb077499d7c
	Washington	DC	20037-1113	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		1000.00	
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 ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	7250.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt
	Mailing Address P.O. Box 85024		<input type="text" value="01"/> / <input type="text" value="27"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1301.38"/>	
			Transaction ID: 0087592b58edf009197
			Amount of Each Receipt this Period <input type="text" value="1301.38"/>
			Reimburse for Dec. Amex and Jan.. Merchant Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1301.38"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="1301.38"/>

**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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: Vff4868a904d55a12966
	Mailing Address PO Box 53852	Date of Disbursement 01 / 31 / 2009
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 38.72
	Purpose of Disbursement January Amex Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SunTrust Merchant Services	Transaction ID: V1b2fb13bfbc77de461a
	Mailing Address PO Box 6600	Date of Disbursement 01 / 12 / 2009
	City Hagerstown State MD Zip Code 21741	Amount of Each Disbursement this Period 107.22
	Purpose of Disbursement January Merchant Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: M5b281ade2125506fdee
	Mailing Address C/O Nova Information Systems 7300 Chapman Hwy	Date of Disbursement 01 / 05 / 2009
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period 798.90
	Purpose of Disbursement January Merchant Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>944.84</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>944.84</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 14

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Glacier PAC

Mailing Address 3242 Cummins Way  
Suite 603

City State Zip Code  
Missoula MT 59802

Purpose of Disbursement  
2009 Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

State: District:

Contribution

Transaction ID: 10301af953bb85d5ebe

Date of Disbursement

01 / 31 / 2009

Amount of Each Disbursement this Period

5000.00

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

5000.00

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

5000.00