

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

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="2014"/>		<input type="text" value="10008.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10008.39"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3093.00"/>	<input type="text" value="3093.00"/>
(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="13101.39"/>	<input type="text" value="13101.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3000.00"/>	<input type="text" value="3000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10101.39"/>	<input type="text" value="10101.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

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).....	2925.00	2925.00
(ii) Unitemized	168.00	168.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3093.00	3093.00
(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)	3093.00	3093.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	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))..... ▶	3093.00	3093.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3093.00	3093.00

DETAILED SUMMARY PAGE

of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	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)) ..	3000.00	3000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	3000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	3093.00	3093.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3093.00	3093.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. TAMJEED ARSHAD MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 WINTON M BOUNT LOOP
 City MONTGOMERY State AL Zip Code 36124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.5924
 Amount of Each Receipt this Period
 325.00

B. WYNNE CRAWFORD MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 WINTON M BOUNT LOOP
 City MONTGOMERY State AL Zip Code 35124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.5919
 Amount of Each Receipt this Period
 325.00

C. R ERIC CRUM MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 273 WINTON M BOUNT LOOP
 City MONTGOMERY State AL Zip Code 35124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014
Transaction ID : SA11AI.5920
 Amount of Each Receipt this Period
 325.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. JOSE ESCOBAR MD
Full Name (Last, First, Middle Initial)

Mailing Address 273 WINTON M BOUNT LOOP

City MONTGOMERY State AL Zip Code 36124

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

Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 01 / 30 / 2014
Transaction ID : SA11AI.5923

Amount of Each Receipt this Period 325.00

B. H FORREST FLEMMING MD
Full Name (Last, First, Middle Initial)

Mailing Address 273 WINTON M BOUNT LOOP

City MONTGOMERY State AL Zip Code 36124

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

Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 01 / 30 / 2014
Transaction ID : SA11AI.5916

Amount of Each Receipt this Period 325.00

C. DAVID GEORGE MD
Full Name (Last, First, Middle Initial)

Mailing Address 273 WINTON M BOUNT LOOP

City MONTGOMERY State AL Zip Code 36124

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

Name of Employer MONTGOMERY CARDIOVASCULAR ASSO Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 01 / 30 / 2014
Transaction ID : SA11AI.5917

Amount of Each Receipt this Period 325.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<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)
CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

A. DARRYL HAMILTON MD
Full Name (Last, First, Middle Initial)

Mailing Address 273 WINTON M BOUNT LOOP

City	State	Zip Code
MONTGOMERY	AL	36124

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

Name of Employer	Occupation
MONTGOMERY CARDIOVASCULAR ASSO	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2014

Transaction ID : SA11AI.5922

Amount of Each Receipt this Period

325.00

B. Michael Todd Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 241587

City	State	Zip Code
Montgomery	AL	36124

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

Name of Employer	Occupation
Montgomery Cardiovascular Asso	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2014

Transaction ID : SA11AI.5925

Amount of Each Receipt this Period

325.00

C. PAUL MOORE MD
Full Name (Last, First, Middle Initial)

Mailing Address 273 WINTON M BOUNT LOOP

City	State	Zip Code
MONTGOMERY	AL	36124

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

Name of Employer	Occupation
MONTGOMERY CARDIOVASCULAR ASSO	PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		30		2014

Transaction ID : SA11AI.5918

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	2925.00

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

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

FOR LINE NUMBER:
(check only one)

<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)

CARDIOLOGY ADVOCACY ALLIANCE INC POLITICAL ACTION COMMITTEE (CAAPAC)

Full Name (Last, First, Middle Initial)

A. HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Mailing Address POST OFFICE BOX 711

Transaction ID : SB23.5928

City State Zip Code
ROCKWALL TX 75087

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL TEXAS)

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TX District: 04

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2014

Mailing Address PO BOX 823047

Transaction ID : SB23.5926

City State Zip Code
DALLAS TX 75382

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/ Type

Candidate Name

PETE SESSIONS FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TX District: 32

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Mailing Address

Amount of Each Disbursement this Period

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City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

3000.00

3000.00
