

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
 Check if different than previously reported. (ACC)
Washington DC 20037-1153

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 Richard Goldberg

Signature of Treasurer Electronically Filed by Richard Goldberg Date 04 19 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">384594.40</td></tr></table>	384594.40
Y	Y	Y	Y									
2	0	0	7									
384594.40												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">426797.11</td></tr></table>	426797.11										
426797.11												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">57686.92</td></tr></table>	57686.92	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">127542.60</td></tr></table>	127542.60								
57686.92												
127542.60												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">484484.03</td></tr></table>	484484.03	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">512137.00</td></tr></table>	512137.00								
484484.03												
512137.00												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">54577.90</td></tr></table>	54577.90	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">82230.87</td></tr></table>	82230.87								
54577.90												
82230.87												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">429906.13</td></tr></table>	429906.13	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">429906.13</td></tr></table>	429906.13								
429906.13												
429906.13												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td align="right">0.00</td></tr></table>	0.00										
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	44600.00	94227.00
(i) Itemized (use Schedule A)	12222.33	30981.66
(ii) Unitemized	56822.33	125208.66
(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)	56822.33	125208.66
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)	864.59	2333.94
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))	57686.92	127542.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57686.92	127542.60

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) 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.....	948.06	2451.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	948.06	2451.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53129.84	79129.84
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	500.00	650.00
(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))	500.00	650.00
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))..	54577.90	82230.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	54577.90	82230.87

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)	56822.33	125208.66
34. Total Contribution Refunds (from Line 28(d))	500.00	650.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56322.33	124558.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	948.06	2451.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	864.59	2333.94
38. Net Operating Expenditures (subtract Line 37 from Line 36)	83.47	117.09

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 58
	<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

Full Name (Last, First, Middle Initial) A. Peter Ackell		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 1818 N Meade Street		Transaction ID: ac9413f16ff249b39b14	
City State Zip Code Appleton WI 54911-3454	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Appleton Cardiology Assoc.	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. Wasim Ahmar		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 515 W State Road 434 Suite 307		Transaction ID: 49e2511a2d4f4ba091bb	
City State Zip Code Longwood FL 32779-3125	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Jay Alexander		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 2151 Waukegan Road #100		Transaction ID: 040607-VLEF0FCCD569	
City State Zip Code Bannockburn IL 60015-1884	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore Cardiologists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	700.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 58
	<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) A. Zulfigar Ali		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 1900 Mowry Avenue, Suite 105		Transaction ID: 8310e82a29bf43cdad8a
City State Zip Code Fremont CA 94538-1722	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed 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. Walter Allison		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 3453 Gladstone Lane		Transaction ID: 7a3a8a9357cd4aa99ca1
City State Zip Code Amarillo TX 79121-1525	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed 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) C. Holly Andersen		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address 895 Park Avenue #2C		Transaction ID: 60932068513f4c048cab
City State Zip Code New York NY 10021-0327	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed Occupation Self-Employed ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 58
	<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. Full Name (Last, First, Middle Initial)
Mark Anderson

Mailing Address 4591 E Culloden Lane

City State Zip Code
Springfield MO 65809-4186

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

Name of Employer Occupation
Ferrell Duncan Clinic INTERVENTIONAL 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
03 / 12 / 2007

Transaction ID: 3958ee21cb9a4ae49040

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Atkins

Mailing Address 9055 Maple Glen

City State Zip Code
Dallas TX 75390-0001

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

Name of Employer Occupation
University of TexasSouthwestern Medica 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
03 / 14 / 2007

Transaction ID: b435935ec6a64bfc8d37

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Peter Baciewicz

Mailing Address 620 Galer Street #234

City State Zip Code
Seattle WA 98122-4201

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

Name of Employer Occupation
Polyclinic 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
03 / 08 / 2007

Transaction ID: acca3c9d45744df887ab

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<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) A. C. Noel Bairey Merz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 16664 Cumbre Verde Court		Transaction ID: 544877e6cda84906836d	
City State Zip Code Pacific Palisades CA 90048-4174	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cedars-Sinai Medical Center/Women's Hea	Occupation PREVENTIVE CARDIOLOGY		
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. Noel Bairey Merz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 16664 Cumbre Verde Court		Transaction ID: 01ad5d0550a64fd48471	
City State Zip Code Pacific Palisades CA 90048-4174	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cedars-Sinai Medical Center/Women's Hea	Occupation PREVENTIVE CARDIOLOGY		
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) C. Scott Baron		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 6347 Coyle Avenue		Transaction ID: 50a5b86b12744ebb8583	
City State Zip Code Carmichael CA 95608-0438	Amount of Each Receipt this Period 500.00		
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 ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 58
	<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. Full Name (Last, First, Middle Initial)
Robert Benton

Mailing Address 9 Hunts End Ln

City Albany State NY Zip Code 12211-1956

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

Name of Employer Samaritan Medical Arts Building Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
03 / 12 / 2007

Transaction ID: 72b358bb7a844d71b8b4

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Loren Berenbom

Mailing Address 8718 Delmar

City Kansas City State KS Zip Code 66103-2937

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

Name of Employer Mid-America Cardiology at KU Med Occupation ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 06 / 2007

Transaction ID: 17e9dff919fe4873908f

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Douglas Bogart

Mailing Address 10127 North Wabash Avenue

City Kansas City State MO Zip Code 64116-3274

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

Name of Employer Northland Cardiology Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
03 / 02 / 2007

Transaction ID: 43183a7aee524d3ebc06

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 58
	<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) A. Alberto Brizolara		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 272 E Center Street Suite 104		Transaction ID: 4a8ccdd1090843b2a5e7	
City State Zip Code Ivins UT 84738-6456	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Snow Canyon Clinic	Occupation CLINICAL CARDIOLOGY/GENERAL 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. Alan Brown		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007	
Mailing Address 4th Floor Edwards Heart Hospital		Transaction ID: 040607-VLFF0FCCE54E	
City State Zip Code Naperville IL 60567	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest Heart Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. John Brush		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2007	
Mailing Address 844 Kempsville Road #204		Transaction ID: 040607-VREF0EEEEBE87	
City State Zip Code Norfolk VA 23502-3927	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Consultants, Ltd.	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 58
	<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) A. Jean Cacciabaudo		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 9 the Sail		Transaction ID: ac5ed254bb514c418953	
City East Islip	State NY	Zip Code 11730-2924	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer North Shore University Hospital	Occupation ADULT CARDIOLOGY		
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. Floyd Casaday		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 70 Bradley Court		Transaction ID: 7bd7e31e20b14f299f17	
City Indiana	State PA	Zip Code 15701	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation CLINICAL CARDIOLOGY/GENERAL 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) C. Michael Cecil		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4103 Club Drive, Northeast		Transaction ID: 3b4004ef90994cdaa2c8	
City Atlanta	State GA	Zip Code 30014-2562	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Georgia Heart Specialists	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 58
	<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) A. Hollace Chastain		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1819 Carew Street		Transaction ID: 040607-VLEF0FCCE546	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Daniel Choo		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 1476 Alta Mesa Way		Transaction ID: d52e9e444d8f48fe95b0	
City State Zip Code Brea CA 91745-6827	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Intiaz Chowdhry		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 6614 Corina Court		Transaction ID: 58051ef208944672b8be	
City State Zip Code Columbia MD 21044-3646	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 58
	<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. Full Name (Last, First, Middle Initial)
Michael Cinquegrani

Mailing Address 14755 Ridgemoor Drive

City Elm Grove State WI Zip Code 53226-3522

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

Name of Employer Medical College of WisconsinCardiology Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2007

Transaction ID: a02ec9d68d414c958397

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Thomas Ciotola

Mailing Address 118 Ferrara Avenue

City Hazleton State PA Zip Code 18201-5852

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

Name of Employer Cardiology Associates of Greater Hazle Occupation NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2007

Transaction ID: e09d5c7b261c42aa9de5

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Barry Coughlin

Mailing Address 909 East Fir

City Lompoc State CA Zip Code 93436-7002

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

Name of Employer Lompoc Cardiology Occupation NON-INVASIVE CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 06 / 2007

Transaction ID: 6dc73774f2b34a2bac06

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 58
	<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) A. Jennifer Cummings		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 25752 Kensington Drive Desk F-15		Transaction ID: 5YSFS348XU0D
City Westlake	State OH	Zip Code 44195-0001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Cleveland Clinic	Occupation ELECTROPHYSIOLOGY	
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. David Cundey		Date of Receipt M M / D D / Y Y Y Y Y 03 / 02 / 2007
Mailing Address 30 Holley Lake Circle		Transaction ID: 7ca45897cc0146708d85
City Aiken	State SC	Zip Code 29801-6840
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Aiken Cardiovascular Associates	Occupation INTERVENTIONAL 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) C. Geeta Dalal		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 100 Llansfair Drive		Transaction ID: 7f681587173642f5b5ec
City Lafayette	State LA	Zip Code 70506-4205
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Pediatric Cardiology of Acadiana	Occupation PEDIATRICS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 58
	<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) A. Donald Dembo		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 9430 Bantry Road		Transaction ID: 0419b90c0a874d39bf8a	
City Easton	State MD	Zip Code 21093-7303	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Johns Hopkins Cardiology at Timonium	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. James Dove		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address #7 East Shore Lane		Transaction ID: cb6cf0d7d76b416ba696	
City Springfield	State IL	Zip Code 62701-1034	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Prairie Cardiovascular Consultants, Lt	Occupation ADULT CARDIOLOGY		
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) C. Pedro Escandon		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 459 Jack Martin Boulevard Suite 4		Transaction ID: 801f9bc046e2436a88c8	
City Brick	State NJ	Zip Code 08724-7724	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Cardiovascular Consultants	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 58
	<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) A. Roberto Fred Santana		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address PO Box 756		Transaction ID: 02ccbccb90824fd7bdd6	
City Rio Grande	State PR	Zip Code 00745-0756	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Allan Garfield		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 652 Petaluma Avenue Suite G		Transaction ID: 86b53d4ccdb64b3bafae	
City Sebastopol	State CA	Zip Code 95472-4266	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cunningham & Garfield PC	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) C. Kirk Garratt		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 725 9th Street Southwest		Transaction ID: bd7a71fdf46444079f5e	
City Rochester	State MN	Zip Code 10021-1851	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lenox Hill Hospital	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 58
	<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) A. Basil Genetos		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1819 Carew Street		Transaction ID: 162db38173d247158457	
City State Zip Code Fort Wayne IN 46805-4705	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne Cardiology Corporation	Occupation ADULT CARDIOLOGY		
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. Robert Godley		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 4500 N Washington Road		Transaction ID: b53249130d504a7aa3ee	
City State Zip Code Fort Wayne IN 46804-1830	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Fort Wayne 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) C. Patrick Gorman		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 4680 E Serenity Lane		Transaction ID: 287c93de7be84c6b889d	
City State Zip Code Idaho Falls ID 83406-8008	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Eastern Idaho 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		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 58
	<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) A. Christopher Granger		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 8020 Willardville Station Road		Transaction ID: e89f595c82734a2fbd7	
City State Zip Code Bahama NC 27705-3976	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Duke Clinical Research Institute	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. Peter Hanley		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 2831 Little Turtle Trail		Transaction ID: 97f593fa72ed43b5a06f	
City State Zip Code Fort Wayne IN 46804-4140	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Heart Center	Occupation ADULT CARDIOLOGY		
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) C. William Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 3 Douglas Drive		Transaction ID: a85f4aaefa474f67a068	
City State Zip Code Newport News VA 23601-3610	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 58
	<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) A. Arthur Hodess		Date of Receipt MM / DD / YYYY 03 / 02 / 2007
Mailing Address 3025 Zinn Road		Transaction ID: 9bc39b7338884e50b64b
City Thorndale	State Zip Code PA 19372-1131	
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Kenneth Huber		Date of Receipt MM / DD / YYYY 03 / 06 / 2007
Mailing Address 4330 Wornall Road, Suite 2000		Transaction ID: 3b072e0885cf48c9afe3
City Kansas City	State Zip Code MO 64111-5939	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Cardiovascular Consults., Inc.	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) C. Sandeep Joshi		Date of Receipt MM / DD / YYYY 03 / 22 / 2007
Mailing Address 3824 Brigade Circle		Transaction ID: f69148c3306847bab6b8
City Carmel	State Zip Code IN 46032-9328	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University of Kentucky Division of Car	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 58
	<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. Full Name (Last, First, Middle Initial)
Jay Kleiman

Mailing Address 1875 S James Court North

City State Zip Code
Lake Forest IL 60045-4624

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
03 / 22 / 2007

Transaction ID: 6fdb73fe1e44dd9944f

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Raffi Krikorian

Mailing Address 3844 S Lindbergh Boulevard Suite 2

City State Zip Code
Saint Louis MO 63127-1370

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

Name of Employer Comprehensive Cardiology Consultants
Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: 3a33b3cc9cca4fe7beba

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
William Kutchera

Mailing Address 13822 Arboretum Street

City State Zip Code
Anchorage AK 99516-7612

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

Name of Employer Alaska Heart Institute LLC
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
03 / 12 / 2007

Transaction ID: 8a703a824b5a4958adcd

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 58
	<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. Full Name (Last, First, Middle Initial)
Austin Kutscher

Mailing Address 21 N Main Street

City State Zip Code
Flemington NJ 08822-1156

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

Name of Employer Occupation
Hunterdon Cardiovascular Associates ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: 6146d0d67ccf469eb0af

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald Landin

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: 151e37a4b2c7443dafb8

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
David Law

Mailing Address 306 Dux Landing

City State Zip Code
Cape Girardeau MO 63701-9261

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

Name of Employer Occupation
Cardiovascular Consultants of Cape Gira ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: 39db281ae4834720916b

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 58
	<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) A. Roger Leonard		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007
Mailing Address 11706 Split Tree Circle		Transaction ID: 473536153d9a475ebdd1
City State Zip Code Potomac MD 20832-1514	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Montgomery General Hospitals	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. Barry Lewis		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007
Mailing Address 25806 Island Lake Drive Suite 300W		Transaction ID: 274ef770baf14ed3ad8b
City State Zip Code Novi MI 48336-5966	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Cardiovascular Clinical Assocs PC	Occupation ADULT CARDIOLOGY	
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) C. Michael Marmulstein		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007
Mailing Address 32 Tamarack Drive		Transaction ID: 8b6c62a9cfa14a64b959
City State Zip Code Delmar NY 12054-2920	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 58
	<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) A. Walter Mashman		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 926 Lullwater Road		Transaction ID: 558bcde412564308b0bc Amount of Each Receipt this Period 250.00
City State Zip Code Atlanta GA 30307-1242	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiac Disease Specialists	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. John McBride		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 2592 Parkview Court		Transaction ID: c573ce44dd5e48ee8bf0 Amount of Each Receipt this Period 250.00
City State Zip Code White Bear Twp MN 55110-5784	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation NON-INVASIVE 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) C. Charles McKay		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 15 Bridlewood Circle		Transaction ID: 431a533916fe4448b1c8 Amount of Each Receipt this Period 250.00
City State Zip Code Rolling Hills Esta CA 90502-2064	FEC ID number of contributing federal political committee. C	
Name of Employer Harbor-UCLA Medical Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 58
	<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) A. Scott McKinstry		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 7014 Hathor		Transaction ID: 2a9d15c8822d46e09497	
City Corpus Christi	State TX	Zip Code 78412-4110	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cardiology Associates of Corpus Christ	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. Michael McMullan		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 206 Devander Run		Transaction ID: ba926a71fc364fc98b22	
City Ridgeland	State MS	Zip Code 39157-9709	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Univ. of Mississippi Med. Ctr.Division	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) C. Francisco Melendez		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address PO Box 6807		Transaction ID: e699a65cadedb468f86ca	
City Bayamon	State PR	Zip Code 00960-5807	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation CARDIOVASC. SURG.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 58
	<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)
Albert Mercer

Mailing Address 1120 Griffith Avenue

City State Zip Code
Owensboro KY 42303-3222

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

Name of Employer Green River Heart Institute
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: dc6462f806714a819f6b

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Michael Mirro

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer Fort Wayne Cardiology
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 040607-VLFF0FCCE54C

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Duane Monick

Mailing Address 406 S 30th Avenue Suite 201

City State Zip Code
Yakima WA 98902-3713

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

Name of Employer Yakima Heart Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: bf60e18ec30b40fe9843

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 58
	<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) A. Pamela Morris		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 68 Jogging Street		Transaction ID: a020f1c291054c4e9c22	
City State Zip Code Mount Pleasant SC 29492-8107	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coastal Cardiology PA	Occupation PREVENTIVE 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. M. R. Sasidharan Nair		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 660 Holly Road		Transaction ID: 575166a7908149248959	
City State Zip Code Cadillac MI 49601-2542	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Grand Traverse Heart Assoc.	Occupation ADULT CARDIOLOGY		
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) C. Navin Nanda		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 4240 Kennesaw Drive		Transaction ID: 95298d171dd5438194ee	
City State Zip Code Birmingham AL 35249-0001	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of AL at Birmingham	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 58
	<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) A. Charn Nandra		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 100 Welday Avenue		Transaction ID: 5179556ec1cb40dba283	
City Wintersville	State OH	Zip Code 43953-3779	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Tristate Medical Center	Occupation ADULT CARDIOLOGY		
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. Claude Nesser		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 15 Timberlane Drive		Transaction ID: f1baec52cab140be9142	
City Hammond	State LA	Zip Code 70403-1478	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Hammond 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) C. Steven Nissen		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 817 Hanover Road		Transaction ID: 87c673999456406bb62c	
City Gates Mills	State OH	Zip Code 44195-0001	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Cleveland Clinic Foundati- on/Dept of Car	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 58
	<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) A. Ketan Parikh		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address Billingslea Medical Building 295 Stoner Avenue, Suite 203		Transaction ID: df3294bb375b4fd7bd55	
City Westminster State MD Zip Code 21157	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Om Cardiovascular Associates	Occupation NON-INVASIVE 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. Alice Passer		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 62 Meadowbrook Road		Transaction ID: b07d3ef8ac194e16be73	
City Bangor State ME Zip Code 04401-5633	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Northeast Cardiology Associates	Occupation ADULT CARDIOLOGY		
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) C. Anilkumar Patel		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 64 Inlets Boulevard		Transaction ID: bc16d888214541c28b57	
City Nokomis State FL Zip Code 34275-4104	Amount of Each Receipt this Period 250.00		
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 58
	<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) A. Michael Payne		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 306 Golden Wings Way		Transaction ID: fa7d84ec1b0a4d27ba22	
City State Zip Code Greer SC 29605-4630	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Upstate Cardiology Associates	Occupation ADULT CARDIOLOGY		
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. Carl Pepine		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 6308 Southwest 37th Way		Transaction ID: 03fa2e80c0654a25aef2	
City State Zip Code Gainesville FL 32610-3003	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer University of Florida College of Medicine	Occupation ADULT CARDIOLOGY		
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) C. Joel Phares		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 820 Egret Cove		Transaction ID: 5f8003e3747547ccb6ec	
City State Zip Code Biloxi MS 37064-1183	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St. Thomas Health Systems	Occupation INVASIVE CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 58
	<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) A. Charles Phillips		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 104 Williamson Court		Transaction ID: de9a70c62b6643f6a526	
City Richmond	State VA	Zip Code 23226	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Virginia Cardiovascular Specialist	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. Brahmaji Puram		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address PO Box 2197		Transaction ID: 2ed640ebe2da4253894b	
City Pikeville	State KY	Zip Code 41502-2197	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Appalachian Cardiology	Occupation ADULT CARDIOLOGY		
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) C. George Rhyneer		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 10500 Old Eagle River Road		Transaction ID: 84663-45685976743698	
City Eagle River	State AK	Zip Code 99508-4643	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alaska Heart Institute LLC	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 58
	<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) A. William Ricks		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 17480 High Street		Transaction ID: 9f279b65f34847db89ed	
City State Zip Code Los Gatos CA 95030-6200	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. George Rodgers		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007	
Mailing Address 3300 Duval Road Suite 150		Transaction ID: 040607-VLEF0FC538B9	
City State Zip Code Austin TX 78759-3542	Amount of Each Receipt this Period 85.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Biophysical Corporation Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 340.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas Rosamond		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4321 Washington, Suite 4000		Transaction ID: c5129ccc764344f9b8b1	
City State Zip Code Kansas City MO 66103-2937	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Mid-America Cardiology at KU Med Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	635.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 58
	<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. Full Name (Last, First, Middle Initial)
Geoffrey Rose

Mailing Address 5994 Brookstone Drive
Suite 300

City State Zip Code
Concord NC 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) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: 259d974ff2054075bf9e

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stephen Royal

Mailing Address 6080 Midus Street

City State Zip Code
Hope Mills NC 28348-9785

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

Name of Employer Southeastern Cardiology, P.A. 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
03 / 14 / 2007

Transaction ID: 298a64a1061d415f8fe9

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Mark Sanz

Mailing Address 3122 Martinwood Road

City State Zip Code
Missoula MT 59802-4015

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

Name of Employer International Heart Institute of Montana 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
03 / 14 / 2007

Transaction ID: 2c09c15ceae44bb79552

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 58
	<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. Full Name (Last, First, Middle Initial)
David Schleinkofer

Mailing Address 1819 Carew Street

City State Zip Code
Fort Wayne IN 46805-4705

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

Name of Employer
Fort Wayne Cardiology Corporation

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 03 / 2007

Transaction ID: 5GX01EOYA9E2

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mark Schoenfeld

Mailing Address 23 Rock Hill Road

City State Zip Code
Woodbridge CT 06525-1103

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

Name of Employer
Hosp of St Raphael/Yale Univ Sch of Me

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
03 / 06 / 2007

Transaction ID: 6c67ed7c297648a2a145

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joseph Schwartz

Mailing Address 1260 S Mill King Jr Avenue

City State Zip Code
Clearwater FL 33756-4172

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
M M / D D / Y Y Y Y
03 / 22 / 2007

Transaction ID: 9ae535d643104141831f

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 58
	<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. Full Name (Last, First, Middle Initial)
Richard Seher

Mailing Address PO Box 10701

City State Zip Code
Reno NV 89503-4541

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

Name of Employer
Reno Heart Physicians/Elm Street Profes

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: e9855b1e3a824afe97ff

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Roger Shell

Mailing Address 593 Cranbury Road

City State Zip Code
East Brunswick NJ 08816-4029

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

Name of Employer
Cardiology Associates of New Brunswick

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 02 / 2007

Transaction ID: 1e9bc086b55e4a23990d

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Stanley Shin

Mailing Address 368 Northside Dr. E

City State Zip Code
Statesboro GA 30458-4839

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

Name of Employer
Statesboro Cardiology, P.-C.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 22 / 2007

Transaction ID: de6d2659b3c84d16ae1c

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 58
	<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) A. Stephen Sinatra		Date of Receipt M M / D D / Y Y Y Y Y 03 / 22 / 2007	
Mailing Address 257 E Center Street		Transaction ID: 902c34eedcc94d5e8f09	
City Manchester	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06040-5214		Transaction ID: 902c34eedcc94d5e8f09	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 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		

Full Name (Last, First, Middle Initial) B. Narendra Singh		Date of Receipt M M / D D / Y Y Y Y Y 03 / 06 / 2007	
Mailing Address 6350 Haddington Lane Laurel Springs		Transaction ID: a39c8318c1684258bc74	
City Suwanee	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30342-4789		Transaction ID: a39c8318c1684258bc74	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Northside Cardiology PC	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) C. Vibhuti Singh		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007	
Mailing Address 601 7th St. S		Transaction ID: d2430209d99b4bc9a93d	
City St. Petersburg	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33701-4704		Transaction ID: d2430209d99b4bc9a93d	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Heart Ctr of St. Petersburg Sun Coast	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 58
	<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) A. Kuddythamby Sinnathamby		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 5538 Philadelphia Drive		Transaction ID: 88904a435158485bbeb0
City Dayton	State OH	Zip Code 45415-3062
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	

Full Name (Last, First, Middle Initial) B. Robert Slama		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 44 Edgewood Road		Transaction ID: 0160b61190ae496e8f40
City Summit	State NJ	Zip Code 07922-2104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Summit Medical Group	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Stephen Sokolyk		Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2007
Mailing Address 2286 Kensington Way		Transaction ID: ba66ed4fc5ec443a9212
City New Braunfels	State TX	Zip Code 78130-8999
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Heart & Vascular Institute of TX	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<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. Full Name (Last, First, Middle Initial)
George Spivack

Mailing Address 97 Barnes Road Suite 1

City Wallingford State CT Zip Code 06492-1885

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

Name of Employer Internal Medicine Associates, P.C. 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
 03 / 06 / 2007

Transaction ID: 7129e669f9b748a1892b

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Joseph Steinmetz

Mailing Address 1210 Alderly Road

City Indianapolis State IN Zip Code 46260-1623

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

Name of Employer Care Group Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 19 / 2007

Transaction ID: d127b454d9e34839b64b

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mark Stern

Mailing Address 9290 E Thompson Pek Parkway # 127

City Scottsdale State AZ Zip Code 85202-4753

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

Name of Employer Tri-City Cardiology Consultants, P.C. Occupation 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
 03 / 06 / 2007

Transaction ID: 1be11a59d56d45ea9d0c

Amount of Each Receipt this Period
 300.00

SUBTOTAL of Receipts This Page (optional)	▶	1550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 58
	<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) A. Craig Stevens		Date of Receipt MM / DD / YYYY 03 / 12 / 2007
Mailing Address 1409 Northwest Northwoods Drive		Transaction ID: 14031f9d5f6349158d82
City Ankeny State IA Zip Code 50314-3029	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Iowa Heart Center Occupation ADULT CARDIOLOGY	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. Richard Trohman		Date of Receipt MM / DD / YYYY 03 / 22 / 2007
Mailing Address 1653 West Congress Parkway, Room 9		Transaction ID: 6c1a19b8b1be46318590
City Chicago State IL Zip Code 60612-3833	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer Rush Presb.-St. Lukes Med. Ctr. Occupation ELECTROPHYSIOLOGY	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) C. Eze Uche		Date of Receipt MM / DD / YYYY 03 / 06 / 2007
Mailing Address 34133 Park Lane		Transaction ID: b78e859779ba402881f5
City Leesburg State FL Zip Code 34748-5348	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 ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 58
	<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. Full Name (Last, First, Middle Initial)
Mary Walsh

Mailing Address 428 West 83rd Place

City Indianapolis State IN Zip Code 46260-4905

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

Name of Employer Director, CHF and Nuclear CardiologyTh
Occupation HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: 040607-VLEF0FC538BE

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Ronald Walsh

Mailing Address 144 Aleta Drive

City Belleair Beach State FL Zip Code 33786-3421

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

Name of Employer Heart & Vascular Institute of Florida
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
03 / 22 / 2007

Transaction ID: f47c9e826a4841fcaac5

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Francis Wanat

Mailing Address 76 Forest Way

City Essex Fells State NJ Zip Code 07028-1527

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
03 / 06 / 2007

Transaction ID: c3f40be727484812a20b

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 58
	<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. Full Name (Last, First, Middle Initial)
Paul Wang

Mailing Address H2146 300 Pasteur Drive

City State Zip Code
Stanford CA 94305-5233

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

Name of Employer Occupation
Stanford University Medical Center ELECTROPHYSIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2007

Transaction ID: 59bbf6f05e694984a54b

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
L. Wann

Mailing Address 4776 North Cumberland Boulevard

City State Zip Code
Whitefish Bay WI 53226-4362

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

Name of Employer Occupation
Wisconsin Heart and Vascular Clinics ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2007

Transaction ID: df4e8f09adb94de2814a

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Abraham Weizenberg

Mailing Address 4315 West Okmulgee Avenue Apt. 310

City State Zip Code
Muskogee OK 74401-4692

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 06 / 2007

Transaction ID: af669db920b5470f9469

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 58
	<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. Full Name (Last, First, Middle Initial)
Steven West

Mailing Address 14171 Metropolis Avenue Suite 101

City State Zip Code
Fort Myers FL 33912-4335

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

Name of Employer
Cardiology Consultants of Southwest Fl

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 040607-VLEF0FCCE550

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
William Wharton

Mailing Address 8 Busbee Road

City State Zip Code
Asheville NC 28803-2934

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

Name of Employer
Asheville Cardiology Associates, P.A.

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2007

Transaction ID: f3d8d17e6648493a9b37

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Pierre Wicker

Mailing Address 50 Pequot Avenue MS 6025-A5247

City State Zip Code
New London CT 06320

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

Name of Employer
Pfizer Central Research

Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2007

Transaction ID: 230eeb868e0546eb9ea5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 58
	<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. Full Name (Last, First, Middle Initial)
Michael Widmer

Mailing Address 2753 Northeast Red Oak Drive

City State Zip Code
Bend OR 97701-8348

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

Name of Employer Occupation
The Cardiology Group ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: c09d2abba2fa43c8b610

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kim Williams

Mailing Address 5758 S Maryland Avenue

City State Zip Code
Chicago IL 60605-3258

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

Name of Employer Occupation
University of Chicago Sect-ions of Cardi ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 02 / 2007

Transaction ID: d37d307f05444a6ea8a7

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John Windsor

Mailing Address 310 N 10th Street

City State Zip Code
Bismarck ND 58501-4516

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

Name of Employer Occupation
Heart & Lung Clinic ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: 040607-VLEF0FCCE548

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	2100.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 58
	<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. Full Name (Last, First, Middle Initial) Calvin Wong		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 1755 Halekoa Drive		Transaction ID: c367b32223a64da7abcd	
City Honolulu	State HI	Zip Code 96813-2423	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pacific Cardiology, LLC	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. Full Name (Last, First, Middle Initial) James Yopp		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007	
Mailing Address 4634 Quail High Boulevard		Transaction ID: a5a981b3ea9e4d328c44	
City Morrisville	State NC	Zip Code 27103-7106	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Salem Medical Center	Occupation ADULT CARDIOLOGY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Philip Zinn		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2007	
Mailing Address 4411 Medical Drive # 300		Transaction ID: df2416363f104d55bc0c	
City San Antonio	State TX	Zip Code 78229-3824	Amount of Each Receipt this Period 250.00
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 ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 45 / 58	
	(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)
William Zoghbi

Mailing Address 6618 Sewanee Avenue

City State Zip Code
Houston TX 77030

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

Name of Employer
Methodist DeBakey Heart Center

Occupation
ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	6	/	2	0	0	7

Transaction ID: 71de16a614674a23aa01

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	44600.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 46 / 58
	(check only one)	
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
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 ▼
2333.94

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2007

Transaction ID: 99072-72300356626511

Amount of Each Receipt this Period
681.37

Reimburse for Mar. Disc./- Merchant Fees

B. Full Name (Last, First, Middle Initial)
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 ▼
2333.94

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 12 / 2007

Transaction ID: 99072-21969240903854

Amount of Each Receipt this Period
183.22

Reimburse for Mar. Amex Fees

SUBTOTAL of Receipts This Page (optional)	▶	864.59
TOTAL This Period (last page this line number only)	▶	864.59

**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		Transaction ID: V96078-6853601336479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 266.69
City Phoenix State AZ Zip Code 85072-3852	Purpose of Disbursement March Amex Fees Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) B. Discover Business Services		Transaction ID: M99072-0633203387260 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address P.O. Box 3010		Amount of Each Disbursement this Period 12.31
City New Albany State OH Zip Code 43054	Purpose of Disbursement March Discover Fees Candidate Name Category/Type 001	
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) ▼

Full Name (Last, First, Middle Initial) C. Merchant Services		Transaction ID: M99072-1307641863822 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 7300 Chapman Hwy		Amount of Each Disbursement this Period 602.37
City Knoxville State TN Zip Code 37920	Purpose of Disbursement March Merchant Fees Candidate Name Category/Type 001	
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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	881.37
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)

PAGE 48 / 58

<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. Wachovia Bank

Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
March Merchant Fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: M99072-6344262957573

Date of Disbursement

03 / 02 / 2007

Amount of Each Disbursement this Period

66.69

SUBTOTAL of Disbursements This Page (optional)

66.69

TOTAL This Period (last page this line number only)

948.06

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. American College of Cardiology		Transaction ID: V67994-2820093035697 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 2400 N St NW		Amount of Each Disbursement this Period 2420.85 In-Kind
City Washington State DC Zip Code 20037	Purpose of Disbursement In-Kind for Fundraiser Candidate Name Diana DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Anna Eshoo for Congress		Transaction ID: 68078-9902154803276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 2500.00 In-Kind
City Sacramento State CA Zip Code 95814	Purpose of Disbursement Contribution Candidate Name Anna Eshoo Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Coleman for Senate 08		Transaction ID: 81954-1903192400932 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address 7300 Hudson Boulevard Suite 270A		Amount of Each Disbursement this Period 1000.00 In-Kind
City St. Paul State MN Zip Code 55128	Purpose of Disbursement Contribution Candidate Name Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	5920.85
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Dave Camp for Congress 2008		Transaction ID: 68078-8240472674369 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 5915 Eastman Avenue Suite 100		Amount of Each Disbursement this Period 2500.00
City Midland State MI Zip Code 48640		
Purpose of Disbursement Contribution Candidate Name Dave Camp	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Transaction ID: 18242-2485162615776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7	
Mailing Address 430 South Capitol Street Southeast 2nd Floor		Amount of Each Disbursement this Period 5000.00	
City Washington State DC Zip Code 20003			
Purpose of Disbursement Contribution Candidate Name			011 Category/Type
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) ▼

Full Name (Last, First, Middle Initial) C. Friends for Harry Reid		Transaction ID: 68078-9899103045463 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7	
Mailing Address PO Box 19163		Amount of Each Disbursement this Period 1000.00	
City Las Vegas State NV Zip Code 89132			
Purpose of Disbursement Contribution Candidate Name Harry Reid			011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:			Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Friends of Joe Pitts		Transaction ID: 68078-1722680926322 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 775		Amount of Each Disbursement this Period 4000.00
City Unionville State PA Zip Code 19375	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Joseph Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Friends of Mary Landrieu Inc		Transaction ID: 68078-3922387957572 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 607 14th Street NW Suite 800		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20005	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mary Landrieu		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Friends of Sherrod Brown		Transaction ID: 68078-6656610369682 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 76187		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20013	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Sherrod Brown		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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. Gene Green Congressional Campaign		Transaction ID: 68078-1612359881401 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 2000.00
City Houston State TX Zip Code 77222	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Hooley for Congress		Transaction ID: 18242-2283746600151 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address PO Box 2050		Amount of Each Disbursement this Period 2000.00
City Salem State OR Zip Code 97308	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Darlene Hooley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kirk for Congress		Transaction ID: 68078-0947992205619 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 8		Amount of Each Disbursement this Period 1000.00
City Winnetka State IL Zip Code 60093	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Mark Kirk		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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. Nathan Deal for Congress		Transaction ID: 68078-9924737811088 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503		
Purpose of Disbursement Contribution Candidate Name Nathan Deal	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: 18242-6069146990776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 1 / 2 0 0 7
Mailing Address 320 1st Street SE		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20003		
Purpose of Disbursement Contribution Candidate Name	011 Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. Pallone for Congress		Transaction ID: 68078-8288690447807 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 2500.00
City Long Branch State NJ Zip Code 07740		
Purpose of Disbursement Contribution Candidate Name Frank Pallone	011 Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ► **8500.00**

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. People for Enterprise Trade and Economic Growth		Transaction ID: 68078-2797662615776 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 7804 Evening Lane		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22306	Purpose of Disbursement Contribution Candidate Name Category/Type: 011	
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) ▼	

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Transaction ID: 68078-2392236590385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 8331		Amount of Each Disbursement this Period 2000.00
City Fremont State CA Zip Code 94537	Purpose of Disbursement Contribution Candidate Name Pete Stark Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Rangel for Congress		Transaction ID: 68078-1142694354057 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 5577		Amount of Each Disbursement this Period 2500.00
City New York State NY Zip Code 10027	Purpose of Disbursement Contribution Candidate Name Charles Rangel Category/Type: 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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. Richard E Neal for Congress Committee		Transaction ID: 68078-8417016863823
Mailing Address 76 Magnolia Terrace		Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
City Springfield	State MA	Zip Code 01108
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name Richard Neal	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MA District: 02		

Full Name (Last, First, Middle Initial) B. Ron Lewis for Congress		Transaction ID: 68078-0053064227104
Mailing Address PO Box 307		Date of Disbursement MM / DD / YYYY 03 / 14 / 2007
City Elizabethtown	State KY	Zip Code 42702
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 1000.00	
Candidate Name Ron Lewis	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY District: 02		

Full Name (Last, First, Middle Initial) C. Sara Morse		Transaction ID: V81954-4310113787651
Mailing Address 2400 N Street, NW		Date of Disbursement MM / DD / YYYY 03 / 29 / 2007
City Washington	State DC	Zip Code 20037
Purpose of Disbursement Contribution--Meet & Greet	Amount of Each Disbursement this Period 208.99	
Candidate Name Brian Bilbray	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA District: 50	In-Kind	

SUBTOTAL of Disbursements This Page (optional)	▶	2208.99
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. Stupak for Congress		Transaction ID: 68078-9941217303276 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address 817 Ninth Avenue		Amount of Each Disbursement this Period 2500.00
City Menominee State MI Zip Code 49858	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Bart Stupak		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Tom Allen for Congress Committee		Transaction ID: 68078-2002221941947 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 4 / 2 0 0 7
Mailing Address PO Box 17766		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04112	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Thomas Allen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Upton for All of Us		Transaction ID: 81954-1734735369682 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7
Mailing Address PO Box 490		Amount of Each Disbursement this Period 2500.00
City St. Joseph State MI Zip Code 49085	011 Category/ Type	
Purpose of Disbursement Contribution		
Candidate Name Fred Upton		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 57 / 58

<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. Walden for Congress Inc.

Mailing Address PO Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement
Contribution

Candidate Name
Greg Walden

Office Sought: House
 Senate
 President

State: OR District: 02

Disbursement For: 2008
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 81954-9170495867729

Date of Disbursement

03 / 29 / 2007

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

53129.84

**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)

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<input 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 checked="" 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

<p>A. Full Name (Last, First, Middle Initial) Gregory Koshkarian</p>		<p>Transaction ID: 99932-64706057310105</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address 6080 N La Cholla Blvd</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table>	250.00																			
250.00																						
<p>City Tucson State AZ Zip Code 85741-3533</p>	<p>Purpose of Disbursement Refund of 2/23/07 Contribution</p>																					
<p>Candidate Name</p>	<p>010 Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

<p>B. Full Name (Last, First, Middle Initial) Gregory Koshkarian</p>		<p>Transaction ID: 99932-82239931821823</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	3		2	0	0	7													
<p>Mailing Address 6080 N La Cholla Blvd</p>		<p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">250.00</td> </tr> </table>	250.00																			
250.00																						
<p>City Tucson State AZ Zip Code 85741-3533</p>	<p>Purpose of Disbursement Refund of 1/23/07 Contribution</p>																					
<p>Candidate Name</p>	<p>010 Category/Type</p>																					
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																					

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00