

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 (12S)
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 09 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer Electronically Filed by Carlton G. Davids Date 10 20 2010

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

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

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	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		210549.96
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	108413.21									
(c) Total Receipts (from Line 19)	57749.94	382726.54								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166163.15	593276.50								
7. Total Disbursements (from Line 31)	97268.66	524382.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	68894.49	68894.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	49775.95	312606.21
(ii) Unitemized	7063.76	60517.37
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56839.71	373123.58
(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)	56839.71	373123.58
12. Transfers From Affiliated/Other Party Committees	0.00	1955.83
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)	888.88	7625.78
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	21.35	21.35
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))	57749.94	382726.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	57749.94	382726.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	1275.34	9923.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1275.34	9923.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	95993.32	513993.32
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	465.05
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	465.05
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))..	97268.66	524382.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	97268.66	524382.01

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)	56839.71	373123.58
34. Total Contribution Refunds (from Line 28(d))	0.00	465.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56839.71	372658.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1275.34	9923.64
37. Offsets to Operating Expenditures (from Line 15, page 3)	888.88	7625.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	386.46	2297.86

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Jay H. Alexander, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 2256 Carlyle Ct		Transaction ID: 4F639FCDA3AE740A07A8		
	City Buffalo Grove	State IL	Zip Code 60089-4695	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Name of Employer North Shore Cardiologists, SC		
Occupation ADULT CARDIOLOGY		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1800.00					

B.	Full Name (Last, First, Middle Initial) Dory B. Altmann, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 07 / 2010		
	Mailing Address 11 Cherokee Rd		Transaction ID: E48369FF349EC0BE857		
	City East Brunswick	State NJ	Zip Code 08816-5032	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Cardiology Associates		
Occupation ADULT CARDIOLOGY		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 250.00					

C.	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.,		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 425 McKean Dr		Transaction ID: 4D6D8812529681E41AE1		
	City Wexford	State PA	Zip Code 15090-7327	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Name of Employer University of Pittsburgh Medical Cente		
Occupation HEART FAILURE/TRANSPLANT		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 583.38					

SUBTOTAL of Receipts This Page (optional)	533.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 67

(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)

Anita M. Arnold, D.O., F.A.

Mailing Address 1417 Lakeland Hills Blvd

City State Zip Code
Lakeland FL 33805-3200

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

Name of Employer Occupation
Cardiology Associates of Polk County INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: C1461B4DD96F998BBB8

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)

Rolando C. Ascarrunz, M.D., F.A.

Mailing Address 13438 Northshore Dr

City State Zip Code
Montgomery TX 77356-5339

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

Name of Employer Occupation
Valley Baptist Medical Center ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 273.78

Date of Receipt

M M / D D / Y Y Y Y
09 / 06 / 2010

Transaction ID: 4F61A9402C1ECFF82F81

Amount of Each Receipt this Period
30.42

C.

Full Name (Last, First, Middle Initial)

George F. Aziz, M.D., F.A.

Mailing Address 278 Middaugh Rd
Fl 2

City State Zip Code
Clarendon Hills IL 60514-1067

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

Name of Employer Occupation
Heart Care Centers of Illinois INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: 82C7CB0DDAC8C86D60A

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional)

1730.42

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 67
	<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)
Mitchell A. Baruchin, M.D., F.A.

Mailing Address 120 Franklin St

City State Zip Code
Jersey City NJ 07307-2326

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
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A6FD439BFC393D01C63

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Timothy M. Bateman, M.D., F.A.

Mailing Address 3410 W 89th St

City State Zip Code
Leawood KS 66206-1629

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

Name of Employer Cardiovascular Consultants, PC Occupation
ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 47ECA92CFD512D87B20B

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Ralph G. Brindis, M.D., M.P.

Mailing Address 1410 Monterey Blvd

City State Zip Code
San Francisco CA 94127-2554

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

Name of Employer Oakland Kaiser Medical Center Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
MM / DD / YYYY
09 / 02 / 2010

Transaction ID: 492E82BDB001E5E780A1

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 67
	<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) Alan S. Brown, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1912 Alta Vista Ct		Transaction ID: 4840A76341C3345FE36D		
	City Naperville	State IL	Zip Code 60563-1815	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Midwest Heart Specialists-Edward Heart	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 900.00		

B.	Full Name (Last, First, Middle Initial) John E. Brush, Jr., M.D.,		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1426 N Woodhouse Rd		Transaction ID: CEA74FBD8FFD6B114CE		
	City Virginia Beach	State VA	Zip Code 23454-1632	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	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Jeremy W. Buckley, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 805 Mount Zion Rd SW		Transaction ID: 493B6F400A4AB46AD19		
	City Lancaster	State OH	Zip Code 43130-9542	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Specialist-s, LLC	Occupation INTERVENTIONAL CARDIOLOGY	Aggregate Year-to-Date 250.00		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 67
(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)
Joseph G. Cacchione, M.D., F.A.
Mailing Address 5740 Hickory Knoll Ct

City State Zip Code
Fairview PA 16415-3246

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

Name of Employer Occupation
St. Vincent Health Center ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 672.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 02 / 2010

Transaction ID: 41708D32DAB3BD3AC7C8

Amount of Each Receipt this Period
84.00

B. Full Name (Last, First, Middle Initial)
Erbert Caceres, M.D., F.A.
Mailing Address 6828 Thomas Pkwy

City State Zip Code
Rockford IL 61114-8192

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

Name of Employer Occupation
Rockford Memorial Health Ser. Corp. INTERNAL MED.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 9FA725F1026809568D2

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Robert C. Capodilupo, M.D., F.A.
Mailing Address 100 McGregor St

City State Zip Code
Manchester NH 03102-3730

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

Name of Employer Occupation
New England Heart Institute 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
09 / 20 / 2010

Transaction ID: ED85AB67EE7A1B0E5D4

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **634.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 67
(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)
Hollace D. Chastain, II, M.D.,

Mailing Address 1819 Braemar Dr

City State Zip Code
Fort Wayne IN 46814-9364

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

Name of Employer Occupation
Fort Wayne Cardiology ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 4EFA9901D6FAED2320A2

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City State Zip Code
Glastonbury CT 06033-2545

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

Name of Employer Occupation
St. Francis Hospital and Medical Centre ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: C106355C061F2043A6B

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,

Mailing Address 95 Johnny Cake Ln

City State Zip Code
Glastonbury CT 06033-2545

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

Name of Employer Occupation
St. Francis Hospital and Medical Centre ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 46EB8774FB9473196568

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 67
(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)
Craig B. Clark, D.O., F.A.
Mailing Address 6748 Bramwell Ct

City State Zip Code
Johnston IA 50131-2824

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

Name of Employer Iowa Health Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 0EB743F67067E517DD0

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Anthony Clay, D.O., F.A.
Mailing Address 411 Red Clay Dr

City State Zip Code
Kennett Square PA 19348-2683

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

Name of Employer Cardiology Physicians, 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
09 / 30 / 2010

Transaction ID: C38A5F775DCA3575B28

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Benjamin J. Cohen, M.D., F.A.
Mailing Address 17414 Cumpston St

City State Zip Code
Encino CA 91316-2514

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

Name of Employer Interventional Cardiology Medical Grou Occupation 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
09 / 26 / 2010

Transaction ID: 42C9A84DF132BF06123D

Amount of Each Receipt this Period
100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 67
(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)
Lianna S. Collinge, B.S.
Mailing Address 4014 88th Ave NW

City State Zip Code
Gig Harbor WA 98335-6157

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

Name of Employer Occupation
Washington Chapter of the ACC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 671.70

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 25 / 2010

Transaction ID: 4AA997AD65AD7D126CD4

Amount of Each Receipt this Period
83.34

B. Full Name (Last, First, Middle Initial)
Daniel P. Conroy, Jr., M.D.,
Mailing Address 122 Heller Way

City State Zip Code
Montclair NJ 07043-2512

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

Name of Employer Occupation
Self-Employed CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 19 / 2010

Transaction ID: 44D8B985E8CF888504D9

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David R. Cragg, M.D., F.A.
Mailing Address 4600 Investment Dr Ste 200

City State Zip Code
Troy MI 48098-6375

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

Name of Employer Occupation
Michigan Heart Group ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2010

Transaction ID: 4B7F93986E842758B932

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **433.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 67
	<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) Joan S. Crawford, D.O., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 24211 Little Mack Ave	Transaction ID: FFC04D44CA948C397DD
	City State Zip Code Saint Clair Shores MI 48080-1151	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) George H. Crossley, III, M.D.,	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 276 Stratton PI	Transaction ID: 4A3CA5163620293FA509
	City State Zip Code Brentwood TN 37027-4228	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer St. Thomas Heart	Occupation ELECTROPHYSIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	

C.	Full Name (Last, First, Middle Initial) Patrick J. Curran, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14 Annawamscutt Rd	Transaction ID: A484B231527180859B7
	City State Zip Code Barrington RI 02806-1916	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Internal Medicine & Cardiology Associa	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	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 67
(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)
Evelyn J. Cusack, M.D., F.A.

Mailing Address 39 Ridge Rd

City State Zip Code
Weston CT 06883-2106

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

Name of Employer Northern Westchester Cardiology Assoc
Occupation CLINICAL CARDIOLOGY/GENERAL 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
09 / 30 / 2010

Transaction ID: 0E1442B4F0A7BE73127

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William J. David, M.D., F.A.

Mailing Address 910 Williston Park Pt
Ste 1000

City State Zip Code
Lake Mary FL 32746-2163

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

Name of Employer Sanford Cardiology Associates, P.A.
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
09 / 20 / 2010

Transaction ID: B901F511DBC18102DE

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
John U. Doherty, M.D., F.A.

Mailing Address 432 Pine St

City State Zip Code
Philadelphia PA 19106-4214

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

Name of Employer Self-Employed
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: 71A01ABC8F82F4519AE

Amount of Each Receipt this Period
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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 67
	<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) Arthur Lee Eberly, III, M.D.,	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address PO Box 8795	Transaction ID: CB6E3242EECE5857068
	City State Zip Code Greenville SC 29604-8795	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Carolina Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Raymond E. Erny, M.D., Ph.D	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 719 Southpoint Blvd Ste B	Transaction ID: FCA2468778ACC3BDACD
	City State Zip Code Petaluma CA 94954-8004	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northern Calif. Med. Asso- cs.	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Chester J. Falterman, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 1458 Avellino Cir	Transaction ID: 4FCDB8E3610BDEAD36D1
	City State Zip Code Murfreesboro TN 37130-7608	Amount of Each Receipt this Period 83.33
	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 ▼ 749.97	

SUBTOTAL of Receipts This Page (optional)	1083.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 67
(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)
Daniel P. Fishbein, M.D., F.A.

Mailing Address 6057 31st Ave NE
356422

City State Zip Code
Seattle WA 98115-7209

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

Name of Employer Univ. of Washington Med. Ctr. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 788BAEF691AF1EBE41E
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
David L. Fishman, M.D., F.A.

Mailing Address 5600 W Addison St
Ste 505

City State Zip Code
Chicago IL 60634-4466

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 ▼ 1650.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 87F2FB397FCE4FC8120
Amount of Each Receipt this Period 150.00

C.

Full Name (Last, First, Middle Initial)
David L. Fishman, M.D., F.A.

Mailing Address 5600 W Addison St
Ste 505

City State Zip Code
Chicago IL 60634-4466

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 ▼ 1650.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 1E8D06BC4B4E01692AC
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 67
(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)
Kevin Fitzpatrick, PA-C

Mailing Address 2400 N St NW
Heart House

City Washington State DC Zip Code 20037-1153

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

Name of Employer American College of Cardiology Occupation ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 09 / 12 / 2010

Transaction ID: 4F2E9A96128FD5A84858

Amount of Each Receipt this Period 84.00

B.

Full Name (Last, First, Middle Initial)
Benjamin P. Folk, M.D., F.A.

Mailing Address 4240 Old Leland Rd

City Leland State MS Zip Code 38756-9585

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 ▼ 800.00

Date of Receipt 09 / 07 / 2010

Transaction ID: F5AA9D4C56AC420B624

Amount of Each Receipt this Period 800.00

C.

Full Name (Last, First, Middle Initial)
Patrick A. Frias, M.D., F.A.

Mailing Address 2321 Old Ivey Walk
2835 Brandywine, Suite 300

City Stone Mountain State GA Zip Code 30087-2755

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

Name of Employer Sibley Heart Center Cardiology Occupation PEDIATRIC CARD.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2010

Transaction ID: E8ED2D1257A58C83118

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► **1384.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 67
	<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) Gerrie Gardner, D.O., F.A.		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 2693 Ford Rd		Transaction ID: 4A1C15C1740943E7BFE		
	City Cheyenne	State WY	Zip Code 82009-8509	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cheyenne Cardiology Associates	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) Garwood Gee, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 61 Canyon Rd		Transaction ID: C263217F-CBD8-4337-		
	City Berkeley	State CA	Zip Code 94704-1815	Amount of Each Receipt this Period 250.00	
	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 ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Kenneth Lee Gibbs, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 17 / 2010		
	Mailing Address 100 Legends Dr Unit 202		Transaction ID: DFE2FBED-6166-496A-		
	City Bowling Green	State KY	Zip Code 42103-2555	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Graves-Gilbert Clinic	Occupation INTERVENTIONAL 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)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 67
(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)
Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St

City State Zip Code
Providence RI 02906-1446

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 03 / 2010

Transaction ID: 4B359D4E31071D0ADCD5

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Michael F. Gilson, M.D., F.A.

Mailing Address 100 Prospect St
450 Veterans' Memorial Parkway

City State Zip Code
Providence RI 02906-1446

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 25B7B54A68247A1F415

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Fredric Ginsberg, M.D., F.A.

Mailing Address 1 Cooper Plz
Fl 3

City State Zip Code
Camden NJ 08103-1461

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

Name of Employer Cooper University Cardiology Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: BA797413186A0D008BE

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Allen L. Goree, MHA, CMPE

Mailing Address 1605 E Broadway
Ste 300

City Columbia State MO Zip Code 65201-8023

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

Name of Employer Missouri Heart Center Occupation ADMINISTRATION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 99B984DEAFC0FCA99BD
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Cyril Gunawardane, M.D., F.A.

Mailing Address 465 Hemlock Dr

City Portville State NY Zip Code 14770-9728

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 ▼ 365.25

Date of Receipt 09 / 30 / 2010
Transaction ID: 0525F5272DF3E86D3C5
Amount of Each Receipt this Period 274.00

C. Full Name (Last, First, Middle Initial)
William H. Gurdin, M.D., F.A.

Mailing Address 5330 E 3rd Ave

City Denver State CO Zip Code 80220-5710

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

Name of Employer Cardiovascular Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 07 / 2010
Transaction ID: DE37305A94EC97C4991
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1024.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 67
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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) Todd H. Hansen, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 342 Red Fox Cir		Transaction ID: 54DFD426136AD59F8D0		
	City Asheville	State NC	Zip Code 28803-3383	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1000.00		
	Name of Employer Asheville Cardiology Associates, P.A.		Occupation ADULT CARDIOLOGY		

B.	Full Name (Last, First, Middle Initial) William M. Hardimon		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 16471 Whitehead Dr		Transaction ID: C460F0560A6B7DBDB0C		
	City Linden	State MI	Zip Code 48451-8776	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Michigan Cardiovascular Institute		Occupation ADULT CARDIOLOGY		

C.	Full Name (Last, First, Middle Initial) John Gordon Harold, M.D., M.A.		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 2473 Jupiter Dr		Transaction ID: 4B5DD24B4D85A8A0B06		
	City Los Angeles	State CA	Zip Code 90046-1752	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 1250.00		
	Name of Employer Cedars-Sinai Medical Center		Occupation ADULT CARDIOLOGY		

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 67
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Robert A. Harrington, M.D., F.A.

Mailing Address 113 Preston Grande Way

City State Zip Code
Morrisville NC 27560-7073

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

Name of Employer Occupation
Duke Clinical Research Institute/Duke U 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
09 / 07 / 2010

Transaction ID: 5F06A26F-3A00-46AB-

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David P. Hedrick, M.D., F.A.

Mailing Address 5475 N Woods Ln
Ste 301

City State Zip Code
Solon OH 44139-1199

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

Name of Employer Occupation
Self-Employed INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: 51CB83A9F192991B94F

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
Catherine T. Heimbecher, RN

Mailing Address 6825 Canopy Grove Ln

City State Zip Code
Tallahassee FL 32311-3510

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

Name of Employer Occupation
Tallahassee Memorial Regional Medical Cardiologist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 20 / 2010

Transaction ID: 973FBBAC245198C3409

Amount of Each Receipt this Period
250.00

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 67
	<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)
Thomas G. Higgins, M.D., F.A.
Mailing Address 1604 Farley Rd
City State Zip Code
Whitehouse Station NJ 08889-5038
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 09 / 07 / 2010
Transaction ID: 994A0F53FBBAD8096C
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Robert E. Hobbs, M.D., F.A.
Mailing Address 2713 Dryden Rd
City State Zip Code
Shaker Heights OH 44122-2701
FEC ID number of contributing federal political committee. **C**
Name of Employer Cleveland Clinic Occupation
HEART FAILURE/TRANSPLANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 666.72
Date of Receipt 09 / 25 / 2010
Transaction ID: 410FA873736E2022FBD1
Amount of Each Receipt this Period 83.34

C. Full Name (Last, First, Middle Initial)
C. David Joffe, M.D., F.A.
Mailing Address 7067 Meeker Commons Ln
City State Zip Code
Dayton OH 45414-2065
FEC ID number of contributing federal political committee. **C**
Name of Employer Dayton Heart Center, Inc. Occupation
INTERVENTIONAL CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 613.38
Date of Receipt 09 / 19 / 2010
Transaction ID: 440496B42CCF41D09382
Amount of Each Receipt this Period 83.34

SUBTOTAL of Receipts This Page (optional) ► 416.68
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 67
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
James G. Jollis, M.D., F.A.

Mailing Address 211 Markham Dr

City State Zip Code
Chapel Hill NC 27514-2115

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

Name of Employer Duke University Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 35DD8C582D2186CD3BD

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Allen B. Joseph, M.D., F.A.

Mailing Address 5895 Esteb Rd

City State Zip Code
Richmond IN 47374-9579

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

Name of Employer Richmond Cardiology Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: E81489678199F66FF3D

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
John Joseph Kelly, III, M.D.,

Mailing Address 1 Centurian Dr Ste 200

City State Zip Code
Newark DE 19713-2150

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

Name of Employer ABBY Medical Center
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: F31EF85E26FFCD3F941

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 67
(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)
Jerry D. Kennett, M.D., F.A.

Mailing Address 4614 Copperstone Ct

City Columbia State MO Zip Code 65203-1696

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

Name of Employer Missouri Cardiovascular Specialists Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 6F8977E8ABD18830287
Amount of Each Receipt this Period 1500.00

B. Full Name (Last, First, Middle Initial)
George P. Kinzfolg, III, M.D.,

Mailing Address 33 Lettery Cir

City Sudbury State MA Zip Code 01776-7400

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

Name of Employer Heart Center of MetroWest Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.81

Date of Receipt 09 / 19 / 2010
Transaction ID: 4687A69578FFF84A9961
Amount of Each Receipt this Period 20.83

C. Full Name (Last, First, Middle Initial)
Steven E. Kornberg, M.D., F.A.

Mailing Address 10 E New York Ave Ste 2

City Somers Point State NJ Zip Code 08244-2367

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

Name of Employer Shore Heart Consultants, LLC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt 09 / 18 / 2010
Transaction ID: 4453AE721EB55D531CBD
Amount of Each Receipt this Period 41.66

SUBTOTAL of Receipts This Page (optional) ► **1562.49**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 67
(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)
Fred M. Kusumoto, M.D., F.A.

Mailing Address PO Box 2396

City Tijeras State NM Zip Code 87059-2396

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

Name of Employer Mayo Clinic Cardiovascular Division Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 9BA6E8D2013064E763D
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Phillip L. Laney, M.D., F.A.

Mailing Address 5012 Littlebury Rd SE

City Huntsville State AL Zip Code 35802-1825

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

Name of Employer The Heart Center, PC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 20 / 2010
Transaction ID: 6E71B1741EEC1A34934
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John J. Layden, M.D., F.A.

Mailing Address 29 Honey Hollow Rd

City Queensbury State NY Zip Code 12804-9117

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

Name of Employer Adirondack Cardiology Assoc., PC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2010
Transaction ID: 7CD22EB47DE78003009
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 67
	<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 Lee, M.D., Ph.D	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 939 Little Britain Rd	Transaction ID: 5E6FD0CD6D9C4304B88
	City State Zip Code New Windsor NY 12553-7210	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Heart Center	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Gilbert A. Leidig, Jr., M.D.,	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 1 Centurian Dr Ste 200	Transaction ID: 64F8660A028A1C00F4D
	City State Zip Code Newark DE 19713-2150	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiology Physicians, P.- A.Abby Medica	Occupation INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Norman E. Lopor, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 99 N La Cienega Blvd Ste 203	Transaction ID: B19C029D04D4325F3C7
	City State Zip Code Beverly Hills CA 90211-2204	Amount of Each Receipt this Period 1000.00
	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 ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1865.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 67
(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)
Michael A. Love, M.D., F.A.

Mailing Address 835 Windy Hill Dr

City State Zip Code
Chattanooga TN 37421-4568

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

Name of Employer Cardiovascular Care Center, PLLC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 7405D61CCA1F575DE77

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Jerre F. Lutz, M.D., F.A.

Mailing Address 4627 Shiloh Ridge Trl

City State Zip Code
Snellville GA 30039-8572

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

Name of Employer Emory University School of MedicineDep
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: EBFF88E6F578B5028BB

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Michael L. Main, M.D., F.A.

Mailing Address 4330 Wornall Rd
Ste 2000

City State Zip Code
Kansas City MO 64111-5939

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

Name of Employer Cardiovascular Consultants
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 4A87FBB6EAC835C7C5D

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **1865.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 67
(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)
Ramin Manshadi, M.D., F.A.

Mailing Address 4751 Saint Andrews Dr

City State Zip Code
Stockton CA 95219-1915

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

Name of Employer San Joaquin Cardiology Medical Grove
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: CA88C76B475A0EA9391

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Daniel A. N. Mascarenhas, M.D., F.A.

Mailing Address 4265 Farmersville Ct

City State Zip Code
Easton PA 18045-2346

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
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: EEA2A8281C471457AA3

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael R. McGuire, M.D., F.A.

Mailing Address 500 Walter St NE Ste 401

City State Zip Code
Albuquerque NM 87102-2563

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

Name of Employer ABQ Health Partners
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A8820D6B1FBFE1BC843

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 67
	<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) Arthur H. Meltzer, M.D., F.A.		Date of Receipt
	Mailing Address 2164 Carolina Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 07 / 2010
	City	State	Zip Code
	Lexington	KY	40513-1834
	FEC ID number of contributing federal political committee. C		Transaction ID: CD1B8076FFB255454B1
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 365.00
		<input type="text"/> 365.00	

B.	Full Name (Last, First, Middle Initial) Albert B. Mercer, M.D., F.A.		Date of Receipt
	Mailing Address 1120 Griffith Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 25 / 2010
	City	State	Zip Code
	Owensboro	KY	42301-2812
	FEC ID number of contributing federal political committee. C		Transaction ID: 48F495E095CEBAB7EC61
Name of Employer Green River Heart Institute		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 800.00	

C.	Full Name (Last, First, Middle Initial) Matthew J. Mick, M.D., F.A.		Date of Receipt
	Mailing Address 705 Whisper Woods Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	Lakeland	FL	33813-5649
	FEC ID number of contributing federal political committee. C		Transaction ID: 4E7BF3F0FC4D11CC107
Name of Employer Self-Employed		Occupation INTERVENTIONAL CARDIOLOGY	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1465.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 67
(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)
Joseph I. Miller, M.D.
Mailing Address 1021 Clifton Rd NE

City State Zip Code
Atlanta GA 30307-1227

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
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 6601E0761F5A3877790

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Judson S. Millhon, M.D., F.A.
Mailing Address 2343 Coventry Rd

City State Zip Code
Columbus OH 43221-4242

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

Name of Employer Clinical Cardiology Specialists Inc Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 5E93E1F1A93A3073341

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Michael J. Mirro, M.D., F.A.
Mailing Address 2005 Prestwick Ln

City State Zip Code
Fort Wayne IN 46814-9317

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 ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: 4452848BC38F470F966B

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **715.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Alberto E. Montalvo, M.D., F.A.
Mailing Address 5928 Riverview Blvd
City Bradenton State FL Zip Code 34209-1859
FEC ID number of contributing federal political committee. **C**
Name of Employer Bradenton Cardiology Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 09 / 20 / 2010
Transaction ID: 3DAE621CFC965F97E32
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Pradip J. Morbia, M.B.B.S.,
Mailing Address 415 Kings Row
City Port Neches State TX Zip Code 77651-5400
FEC ID number of contributing federal political committee. **C**
Name of Employer Gulf Coast Cardiology Group P.L.L.C Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 09 / 07 / 2010
Transaction ID: F76CDA7D3DC9416B3E6
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
George D. Moutsatsos, M.D., F.A.
Mailing Address PO Box 421
City Rockland State DE Zip Code 19732-0421
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 09 / 20 / 2010
Transaction ID: 4EE324A98FF17339987
Amount of Each Receipt this Period 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 67
	<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) John I. Nwogu, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4636 Amberwood Dr	Transaction ID: ED9843AE3C0D07C3EC9
	City State Zip Code Anniston AL 36207-7773	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Clinic of Anniston	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Nehu C. Patel, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 14420 Lake Jessup Dr	Transaction ID: 831919B31526A0BC65E
	City State Zip Code Jacksonville FL 32258-5137	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Northeast Florida Cardiology Clinic PA	Occupation ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) Vaughn W. Payne, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 145 Hager Ln	Transaction ID: A3E1DB288F68F024199
	City State Zip Code Staffordsville KY 41256-9144	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Kentucky Heart & Vascular Physicians I	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	1565.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 67
	<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)
Neal S. Perlmutter, M.D., F.A.

Mailing Address 1820 9th St W

City State Zip Code
Kirkland WA 98033-4837

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 ▼ 291.69

Date of Receipt
MM / DD / YYYY
09 / 19 / 2010

Transaction ID: 41EFAAEE8D0A21C24F79

Amount of Each Receipt this Period
41.67

B.

Full Name (Last, First, Middle Initial)
Ronald P. Pigeon, M.D., Ph.D.

Mailing Address 19 Cornell St

City State Zip Code
Roslindale MA 02131-4525

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

Name of Employer Sturdy Cardiology Associates Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: B32CB0A7B44859DA91E

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
David J. Pinnelas, M.D., F.A.

Mailing Address 2 Hopi Ct

City State Zip Code
Manalapan NJ 07726-4628

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

Name of Employer Shore Heart Group Occupation
INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 374.94

Date of Receipt
MM / DD / YYYY
09 / 06 / 2010

Transaction ID: 4735864EF613F8511BCF

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **333.33**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 67
(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)
Athena Poppas, M.D., F.A.
Mailing Address 7 Cooke St

City Providence State RI Zip Code 02906-2005

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

Name of Employer Rhode Island Hospital Division of Cardiology
Occupation ECHOCARDIOGRAPHY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010
Transaction ID: D96640DE0CFD6C5D222
Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Christopher D. Powers, M.D., F.A.
Mailing Address 607 Jefferson Ave

City La Porte State IN Zip Code 46350-3346

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

Name of Employer Powers Cardiology PC
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2010
Transaction ID: B3CF776DD86174B507A
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Srinivas Prasad, M.D., F.A.
Mailing Address 6695 Arroyo Dr

City Viera State FL Zip Code 32940-8514

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

Name of Employer Brevard Cardiology
Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 09 / 07 / 2010
Transaction ID: E37FDE3626E6DDF017D
Amount of Each Receipt this Period 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 67
(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)
Stephen R. Ramee, M.D., F.A.

Mailing Address 1514 Jefferson Hwy
Fl 3

City State Zip Code
New Orleans LA 70121-2429

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

Name of Employer Occupation
Ochsner Clinic Foundation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 60DB5A953F49C8F30C5

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Sarah Rinehart, M.D., F.A.

Mailing Address 304 Peachtree Hills Cir NE
Department of Cove Court-Mri, Grou

City State Zip Code
Atlanta GA 30305-4270

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

Name of Employer Occupation
Cardiology; Piedmont Heart Institute ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt
MM / DD / YYYY
09 / 07 / 2010

Transaction ID: 3692B7928B7614A3414

Amount of Each Receipt this Period
365.00

C.

Full Name (Last, First, Middle Initial)
George P. Rodgers, M.D., F.A.

Mailing Address 2441 Westlake Dr

City State Zip Code
Austin TX 78746-2950

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

Name of Employer Occupation
Biophysical Corporation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 293.67

Date of Receipt
MM / DD / YYYY
09 / 21 / 2010

Transaction ID: 499A86C0816DE01271DD

Amount of Each Receipt this Period
41.67

SUBTOTAL of Receipts This Page (optional) ► **1406.67**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 67
	<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) David A. Rosenbaum, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 2835 Halley's Court	Transaction ID: 47DCA43F85495B7AFC7D
	City State Zip Code Colorado Springs CO 80906-1067	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pikes Peak Cardiology CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

B.	Full Name (Last, First, Middle Initial) Robert L. Rothbard, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 2000 Viaduct Tuscany	Transaction ID: 20A7CCE7F698D227A15
	City State Zip Code Winter Park FL 32789	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cardiology Consultants 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) John S. Rumsfeld, M.D., Ph.D.	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 1055 Clermont St Cardiology (111B)	Transaction ID: 44CE9CA2AE2D2D419C2C
	City State Zip Code Denver CO 80220-3808	Amount of Each Receipt this Period 83.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Denver VA Medical Center / University ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.97	

SUBTOTAL of Receipts This Page (optional)	1166.66
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 67
	<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) Manuel F. Salazar, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 07 / 2010
	Mailing Address 9064 Baywood Park Dr	Transaction ID: B913938D54538BB1716
	City State Zip Code Seminole FL 33777-4629	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bay Area Heart Center CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

B.	Full Name (Last, First, Middle Initial) Michael K. Schroyer, RN	Date of Receipt MM / DD / YYYY 09 / 19 / 2010
	Mailing Address 10580 N Meridian St	Transaction ID: 402E90D841710BD32FAA
	City State Zip Code Indianapolis IN 46290-1028	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Saint Vincent Heart Center of Indiana ADMINISTRATION	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.38	

C.	Full Name (Last, First, Middle Initial) A. Allen Seals, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 113 Teal Pointe Ln	Transaction ID: B56A7B7089EC3FAE7EB
	City State Zip Code Ponte Vedra Beach FL 32082-1936	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Baker & Gilmour Crdvsclr Institute ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2650.00	

SUBTOTAL of Receipts This Page (optional)	598.34
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 67
	<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) Kenneth M. Shaffer, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 4314 Medical Pkwy Ste 200	Transaction ID: E8024B7A659052F0C2C
	City Austin State TX Zip Code 78756-3332	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Children's Cardiology Associates Occupation PEDIATRIC CARD. 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) Hullukunte Shivaprasad, M.B.B.S.,	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 1046 Enid Dr	Transaction ID: 812CABF571F557AB8B9
	City Wheelersburg State OH Zip Code 45694-9370	Amount of Each Receipt this Period 365.00
	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 ▼ 365.00	

C.	Full Name (Last, First, Middle Initial) John W. Shuck, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 25 / 2010
	Mailing Address 1100 Forrest Ave	Transaction ID: 4B87A00D6477B2046718
	City Dover State DE Zip Code 19904-3309	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiology Consultants Occupation ADULT CARDIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 672.00	

SUBTOTAL of Receipts This Page (optional)	699.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 67
(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)
Irwin M. Silverman, M.D., F.A.
Mailing Address 1461 Woodland Dr

City State Zip Code
Deerfield IL 60015-2071

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

Name of Employer Self-Employed Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: A18DB0F03D34321DF77

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Narendra Singh, M.D., F.A.
Mailing Address 6350 Haddington Ln

City State Zip Code
Johns Creek GA 30024-5304

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

Name of Employer Atlanta Heart Specialists Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 374.94

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 40378E63D50D58FE449F

Amount of Each Receipt this Period
41.66

C. Full Name (Last, First, Middle Initial)
Chittur A. Sivaram, M.B.B.S.,
Mailing Address 1616 Boomer Trl

City State Zip Code
Edmond OK 73034-4956

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

Name of Employer University of Oklahoma & DVA Medical C Occupation
ADULT CARDIOLOGY

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

Date of Receipt
MM / DD / YYYY
09 / 30 / 2010

Transaction ID: C3BA92BE22E848E0313

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► 1541.66

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 67
(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)
Richard W. Snyder, M.D., F.A.
Mailing Address 5514 Yolanda Ln

City State Zip Code
Dallas TX 75229-6440

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

Name of Employer Heart Place Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2010

Transaction ID: 4A178F9C59BA3CFE47E9

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Richard W. Snyder, M.D., F.A.
Mailing Address 5514 Yolanda Ln

City State Zip Code
Dallas TX 75229-6440

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

Name of Employer Heart Place Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 0FE69AD1DEE59FE191C

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Mark R. Sorensen, M.D., F.A.
Mailing Address 211 S Main St Ste 205

City State Zip Code
Cape May Court Hou NJ 08210-2264

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

Name of Employer Cape Shore Cardiology Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt
MM / DD / YYYY
09 / 09 / 2010

Transaction ID: 4450B15EABCA604C0DB7

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional) ► **633.33**

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

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

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

FOR LINE NUMBER: PAGE 43 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Martin G. St. John Sutton, M.B.B.S.,
Mailing Address 420 W Mermaid Ln
City Philadelphia State PA Zip Code 19118-4204
FEC ID number of contributing federal political committee. **C**
Name of Employer Hospital of the University Occupation ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.00
Date of Receipt 09 / 07 / 2010
Transaction ID: 977ED59F306C9381F56
Amount of Each Receipt this Period 365.00

B. Full Name (Last, First, Middle Initial)
A. Wade Strickland, M.D., F.A.
Mailing Address 105 River Way
City Brunswick State GA Zip Code 31520-1365
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 09 / 30 / 2010
Transaction ID: C9C7FF8E690C4954017
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
John S. Strobel, M.D., F.A.
Mailing Address 3407 E Olcott Blvd
City Bloomington State IN Zip Code 47401-2429
FEC ID number of contributing federal political committee. **C**
Name of Employer Internal Medicine Associates Occupation ELECTROPHYSIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1250.00
Date of Receipt 09 / 20 / 2010
Transaction ID: 6E1DCD065661C1D4389
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1365.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 67
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) John S. Strobel, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3407 E Olcott Blvd	Transaction ID: 8CC4F81CFDA62384D83
	City State Zip Code Bloomington IN 47401-2429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Internal Medicine Associates Occupation ELECTROPHYSIOLOGY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1250.00	

B.	Full Name (Last, First, Middle Initial) Suma A. Thomas, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 19 / 2010
	Mailing Address 7620 Old Georgetown Rd Apt 1214	Transaction ID: 43B3ACD1B3BFCA74299A
	City State Zip Code Bethesda MD 20814-6182	Amount of Each Receipt this Period 208.34
	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 1458.38	

C.	Full Name (Last, First, Middle Initial) Benjamin Tillinger, M.D.	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 59 Ornac Ste 2	Transaction ID: 7310B86FD4F8E2716AB
	City State Zip Code Concord MA 01742-3317	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Emerson Cardiovascular Associates 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)	708.34
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 67
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd

City Lynchburg State VA Zip Code 24503-2515

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

Name of Employer: The Cardiovascular Group Centra/Stroob
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.38

Date of Receipt: 09 / 19 / 2010
Transaction ID: 4FFDB6BA2F34982EB1D3
 Amount of Each Receipt this Period: 83.34

B. Full Name (Last, First, Middle Initial)
C. Michael Valentine, M.D., F.A.

Mailing Address 1487 Langhorne Rd
2410 Atherholt Road

City Lynchburg State VA Zip Code 24503-2515

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

Name of Employer: The Cardiovascular Group Centra/Stroob
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 833.38

Date of Receipt: 09 / 20 / 2010
Transaction ID: 94BA707E577D0700533
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Andrew Van Tosh, M.D., F.A.

Mailing Address 100 Port Washington Blvd
Nuclear Cardiology

City Roslyn State NY Zip Code 11576-1347

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

Name of Employer: St. Francis Hospital
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 20 / 2010
Transaction ID: 11054E23AC59CF5DA00
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **833.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 67
	<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) Juan Villafane, M.D., F.A.		Date of Receipt	
	Mailing Address 1400 Willow Ave 1205		M M / D D / Y Y Y Y Y 09 / 19 / 2010	
	City	State	Zip Code	Transaction ID: 4D9E8866970A4B77C44E
	Louisville	KY	40204-2506	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		83.34	
Name of Employer Self-Employed		Occupation		
Self-Employed		PEDIATRICS		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		416.70		
<input type="checkbox"/> Other (specify) ▼				

B.	Full Name (Last, First, Middle Initial) Ajay Virmani, M.D., F.A.		Date of Receipt	
	Mailing Address 650 Cedar Creek Grade		M M / D D / Y Y Y Y Y 09 / 07 / 2010	
	City	State	Zip Code	Transaction ID: DFD97A2E94FF280EF81
	Winchester	VA	22601-6454	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		365.00	
Name of Employer Self-Employed		Occupation		
Self-Employed		ADULT CARDIOLOGY		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00		
<input type="checkbox"/> Other (specify) ▼				

C.	Full Name (Last, First, Middle Initial) Gabriel Vorobiof, M.D., F.A.		Date of Receipt	
	Mailing Address 4245 Balcony Dr		M M / D D / Y Y Y Y Y 09 / 07 / 2010	
	City	State	Zip Code	Transaction ID: AE578B11DDAF075A6F9
	Calabasas	CA	91302-6113	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		365.00	
Name of Employer Self-Employed		Occupation		
Self-Employed		CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY		
Receipt For:		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		365.00		
<input type="checkbox"/> Other (specify) ▼				

SUBTOTAL of Receipts This Page (optional)	▶	813.34
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 67
(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)
Diane E. Wallis, M.D., F.A.

Mailing Address 3825 Ighland Avenue
Suite 400

City Downers Grove State IL Zip Code 60515-4457

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

Name of Employer Midwest Heart Specialists Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2010

Transaction ID: 7E7A9056804B81D25C5

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Howard T. Walpole, Jr., M.D.,

Mailing Address 31 Northumberland

City Nashville State TN Zip Code 37215-4123

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

Name of Employer Saint Thomas Health Services Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
MM / DD / YYYY
09 / 05 / 2010

Transaction ID: 451AB0DA64BF90573DFE

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mary Norine Walsh, M.D., F.A.

Mailing Address 428 W 83rd Pl

City Indianapolis State IN Zip Code 46260-4905

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

Name of Employer The Care Group LLC Occupation HEART FAILURE/TRANSPLANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2010

Transaction ID: 4ADEACE425B257E24B90

Amount of Each Receipt this Period
100.00

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 67

(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)

W. Douglas Weaver, M.D., M.A.

Mailing Address 474 Townsend St

City

Birmingham

State

MI

Zip Code

48009-1466

FEC ID number of contributing federal political committee.

C

Name of Employer
Henry Ford Heart & Vascular Institute

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
09 / 20 / 2010

Transaction ID: 330D209EA60014F8455

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Pkwy
Apt 1921

City

Henderson

State

NV

Zip Code

89074-1941

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 ▼

302.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: C88AED2EA190246921F

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Russell S. Whitaker, M.D., F.A.

Mailing Address 1130 Montvue Rd

City

Anniston

State

AL

Zip Code

36207-6223

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
09 / 30 / 2010

Transaction ID: F580888F438B07E8E90

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 67

(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) Carletta Williams, RN		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 522 Maxwell Ave		Transaction ID: 49F78A99FECC4F6CE13E		
	City Steubenville	State OH	Zip Code 43952-2518	Amount of Each Receipt this Period 42.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Weirton Medical Center	Occupation INTERVENTIONAL CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 294.00			

B.	Full Name (Last, First, Middle Initial) Joseph S. Wilson, Jr., M.D.,		Date of Receipt MM / DD / YYYY 09 / 19 / 2010		
	Mailing Address 755 Mount Vernon Hwy NE Ste 530		Transaction ID: 41ADBA29C952F26888DA		
	City Atlanta	State GA	Zip Code 30328-4222	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology of Georgia, P.-C.	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00			

C.	Full Name (Last, First, Middle Initial) J. Scott Wolery, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 770 W High St Ste 210		Transaction ID: F25E37C85750F9CBD39		
	City Lima	State OH	Zip Code 45801-5902	Amount of Each Receipt this Period 365.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer West Central Ohio Cardiology	Occupation INTERVENTIONAL 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) ▶

607.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 67
	<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) Richard F. Wright, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 02 / 2010
	Mailing Address 1038 S Carmelina Ave	Transaction ID: 4F75B39D9D49CF7666F7
	City State Zip Code Los Angeles CA 90049-5810	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pacific Heart Institute ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

B.	Full Name (Last, First, Middle Initial) Lambert A. Wu, M.D., F.A.	Date of Receipt MM / DD / YYYY 09 / 21 / 2010
	Mailing Address 1524 NW Grove Ave	Transaction ID: 4020A163A3D6FEA0DB95
	City State Zip Code Topeka KS 66606-1234	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Cotton O'Neil Heart Center ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 353.34	

C.	Full Name (Last, First, Middle Initial) Janet Fredal Wyman, MSN, NP, A	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 960 Westchester Rd	Transaction ID: E4CD64ACC467D0A5C8E
	City State Zip Code Grosse Pointe Park MI 48230-1830	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Henry Ford Hospital CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	▶	433.34
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 67
	(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) Raymond S. Yen, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 20 / 2010
Mailing Address 1334 W Covina Blvd Ste 205		Transaction ID: B9F685790DA65C79179
City San Dimas	State CA	
Zip Code 91773-3211		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Foothill Cardiology/California Heart M	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Maja Zaric, M.D., F.A.		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 595 Main St		Transaction ID: 5C7F3265B4EB57AA8E5
City New York	State NY	
Zip Code 10044-0047		Amount of Each Receipt this Period 365.00
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 ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	▶	1365.00
TOTAL This Period (last page this line number only)	▶	49775.95

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 52 / 67	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt	
	Mailing Address P.O. Box 85024		M M / D D / Y Y Y Y 09 / 28 / 2010	
	City	State	Zip Code	Transaction ID: 3DBFF4BB86B8286FC4D
	Richmond	VA	23285-5024	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		888.88		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		7625.78		

Reimburse. for August Amex and September Merchant Fees

SUBTOTAL of Receipts This Page (optional)	888.88
TOTAL This Period (last page this line number only)	888.88

**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

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: V4851A5AB05AC4B5F9B6
	Mailing Address PO Box 53852	Date of Disbursement 09 / 30 / 2010
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period 424.99
	Purpose of Disbursement September Amex Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: MF1426442165A9E39373
	Mailing Address C/O Nova Information Systems 7300 Chapman Hwy	Date of Disbursement 09 / 02 / 2010
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period 825.35
	Purpose of Disbursement September Merchant Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wachovia Bank	Transaction ID: M11B0AE34EBA1DDBFC4C
	Mailing Address C/O Nova Information Systems 7300 Chapman Hwy	Date of Disbursement 09 / 20 / 2010
	City Knoxville State TN Zip Code 37920	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Additional September Merchant Fees	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1275.34
TOTAL This Period (last page this line number only)	1275.34

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

A. Full Name (Last, First, Middle Initial) Adler for Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement 2010 General Candidate Name John H. Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03	Transaction ID: FEEBB1A52645A990EC5 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
B. Full Name (Last, First, Middle Initial) Blumenthal for Senate <hr/> Mailing Address 777 Summer Street <hr/> City Stamford State CT Zip Code 06901 <hr/> Purpose of Disbursement 2010 General Candidate Name Richard Blumenthal <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District:	Transaction ID: 14258C2F1987C139356 Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
C. Full Name (Last, First, Middle Initial) Boucher for Congress Committee <hr/> Mailing Address PO Box 2000 <hr/> City Abingdon State VA Zip Code 24212 <hr/> Purpose of Disbursement 2010 General Candidate Name Frederick C. Boucher <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 09	Transaction ID: 8930DF07DE7DC9869CE Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

A. Full Name (Last, First, Middle Initial) Bucshon for Congress <hr/> Mailing Address PO Box 250 <hr/> City Newburgh State IN Zip Code 47629 <hr/> Purpose of Disbursement 2010 General Candidate Name Larry D. Bucshon <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 08	Transaction ID: CC381700C7466CCE738 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Cantor for Congress <hr/> Mailing Address PO Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement 2010 General Candidate Name Eric I. Cantor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 7B1C91A967716342B0A Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Capuano for Congress Committee <hr/> Mailing Address PO Box 440305 <hr/> City Somerville State MA Zip Code 02144 <hr/> Purpose of Disbursement 2010 General Candidate Name Michael E. Capuano <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MA District: 08	Transaction ID: 18D2DE8E058D92A0F3F Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

<p>A. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers for Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 9C8FB62B251FE87A1D0</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Rush</p> <p>Mailing Address PO Box 7292</p> <p>City Chicago State IL Zip Code 60680</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Bobby L. Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 7C3BE31452695448C06</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Dave Camp for Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Dave Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B16B6DF5832319CBE93</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Every Republican Is Crucial (ERICPAC) <hr/> Mailing Address 25 East Main Street, Suite 200 <hr/> City Richmond State VA Zip Code 23219 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name Every Republican Is Crucial (ERICPAC) <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution	Transaction ID: 2DE1B3C465CB3624E17 Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	In-Kind
B. Full Name (Last, First, Middle Initial) Florida Chapter, ACC <hr/> Mailing Address 3208 East Colonial Drive Suite 264 <hr/> City Orlando State FL Zip Code 32803 <hr/> Purpose of Disbursement In-Kind for Bilirakis Event Candidate Name Gus Michael Bilirakis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 09	Transaction ID: V9F9BEE2B36EA4A50F70 Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2010
	Amount of Each Disbursement this Period 1493.32
	Category/ Type 011
	In-Kind
C. Full Name (Last, First, Middle Initial) Frederica S Wilson for Congress <hr/> Mailing Address 19821 NW 2nd Avenue <hr/> City Miami Gardens State FL Zip Code 33169 <hr/> Purpose of Disbursement 2010 General Candidate Name Frederica S. Wilson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 17	Transaction ID: 45B7E4026F69056FEEA Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	In-Kind

SUBTOTAL of Disbursements This Page (optional) ▶

4993.32

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Dennis Ross</p> <p>Mailing Address PO Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Dennis A. Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 12</p>	<p>Transaction ID: FF11CEAD3B74BF8BBAB</p> <p>Date of Disbursement 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Joseph R. Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 16</p>	<p>Transaction ID: BC9510FE0AB8E781D9C</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John Jenkins Barrow</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: GA District: 12</p>	<p>Transaction ID: 342507C50FC4586A808</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)

6000.00

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

<p>A. Full Name (Last, First, Middle Initial) Friends of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2A9D86B22E37A5B72AF</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Lois Capps</p> <p>Mailing Address PO Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Lois Capps</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: A34A41899747D1593DA</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Roy Blunt</p> <p>Mailing Address PO Box 50100</p> <p>City Springfield State MO Zip Code 65805</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Roy D. Blunt</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 49D63B2EB04CA2556C0</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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

A. Full Name (Last, First, Middle Initial) Friends of Sam Johnson <hr/> Mailing Address PO Box 860096 <hr/> City Plano State TX Zip Code 75086 <hr/> Purpose of Disbursement 2010 General Candidate Name Sam Johnson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TX District: 03	Transaction ID: 573662FD70A721D9C54 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Friends of Schumer <hr/> Mailing Address 509 Madison Ave Suite 1902 <hr/> City New York State NY Zip Code 10022 <hr/> Purpose of Disbursement 2010 General Candidate Name Charles E. Schumer <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District:	Transaction ID: 5E66F653F00973953B5 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Gene Taylor for Congress Committee <hr/> Mailing Address PO Box 3838 <hr/> City Bay St. Louis State MS Zip Code 39520 <hr/> Purpose of Disbursement 2010 General Candidate Name Gene Taylor <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 04	Transaction ID: E2CC6364CC3975BF0BB Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

A. Full Name (Last, First, Middle Initial) Gingrey for Congress <hr/> Mailing Address PO Box U <hr/> City State Zip Code Marietta GA 30060 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name John Phillip Gingrey <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 11	Transaction ID: 7B5CABD9795759DD082 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Grassley Committee Inc <hr/> Mailing Address PO Box 1000 <hr/> City State Zip Code Des Moines IA 50304 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name Charles E. Grassley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: DD12C4FAFD18E0CD972 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Himes for Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City State Zip Code Fairfield CT 06824 <hr/> Purpose of Disbursement 2010 General <hr/> Candidate Name James A. Himes <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 04	Transaction ID: 3B36A708E49CB8CFF7A Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) ▶

**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

A. Full Name (Last, First, Middle Initial) Kind for Congress Committee Mailing Address 205 5th Avenue South Suite 428 City La Crosse State WI Zip Code 54601 Purpose of Disbursement 2010 Primary Candidate Name Ron Kind Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C9C52F279F97BF0688E Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Michael Burgess for Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement 2010 General Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BFFC71A66C0173DC336 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Ortiz for Congress Committee Mailing Address PO Box 7806 City Corpus Christi State TX Zip Code 78467 Purpose of Disbursement 2010 General Candidate Name Solomon P. Ortiz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 27 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 0D595393E4A89A26B1F Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

A. Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 50 S. Providence Road <hr/> City Media State PA Zip Code 19063 <hr/> Purpose of Disbursement 2010 General Candidate Name Patrick L. Meehan <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: DCC30360BA04AFE265F Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Pete Sessions for Congress <hr/> Mailing Address PO Box 823047 <hr/> City Dallas State TX Zip Code 75382 <hr/> Purpose of Disbursement 2010 General Candidate Name Pete Sessions <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 094AA7E238271CA1A2D Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee <hr/> Mailing Address PO Box 8331 <hr/> City Fremont State CA Zip Code 94537 <hr/> Purpose of Disbursement 2010 General Candidate Name Fortney H. Pete Stark <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 499723445ABF998E58A Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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) ▶

**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

A. Full Name (Last, First, Middle Initial) Price for Congress Mailing Address PO Box 425 City Roswell State GA Zip Code 30077 Purpose of Disbursement 2010 General Candidate Name Thomas E. Price Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 98F54F29F2D8665E0D6 Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution
B. Full Name (Last, First, Middle Initial) Ryan for Congress Mailing Address PO Box 1919 City Janesville State WI Zip Code 53547 Purpose of Disbursement 2010 Primary Candidate Name Paul Ryan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F25E2CF52EAE55666BE Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Contribution
C. Full Name (Last, First, Middle Initial) Shore PAC Mailing Address PO Box 3157 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement 2010 Contribution Candidate Name Shore PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: 12B1FCAE142DCF253FA Date of Disbursement 09 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Contribution

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

<p>A. Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 2012 General</p> <p>Candidate Name Deborah Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 14B16009457D37B6116</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Upton for All of Us</p> <p>Mailing Address PO Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 2010 General</p> <p>Candidate Name Fredrick Stephen Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 2B851A0C7A95AC0E906</p> <p>Date of Disbursement 09 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Voice for Freedom</p> <p>Mailing Address 2814 Spring Road, Ste. 103</p> <p>City Atlanta State GA Zip Code 30339</p> <p>Purpose of Disbursement 2010 Contribution</p> <p>Candidate Name Voice for Freedom</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution</p>	<p>Transaction ID: BABDFE4832FC5E3D065</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

A. Full Name (Last, First, Middle Initial) Volunteers for Shimkus Mailing Address PO Box 661 City Collinsville State IL Zip Code 62234 Purpose of Disbursement 2010 General Candidate Name John M. Shimkus Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: CCC43CCE892253CF582 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wasserman-Schultz for Congress Mailing Address 1071 Twin Branch Ln City Weston State FL Zip Code 33326 Purpose of Disbursement 2010 General Candidate Name Debbie Wasserman Schultz Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: F9D632290506973D9E5 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Wyden for Senate Mailing Address 232 NE 9th Avenue City Portland State OR Zip Code 97232 Purpose of Disbursement 2010 General Candidate Name Ron Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 8E2D3C9459DDE02DBFE Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" 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)

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

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Yoder for Congress

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
2010 General

Candidate Name
Kevin W. Yoder

Office Sought: House
 Senate
 President

State: KS District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 8BF86F9345FB3E78101

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

95993.32