

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American College of Cardiology Political Action Committee

ADDRESS (number and street) 2400 N St NW Washington DC 20037-1153

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

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

5. Covering Period 01 / 01 / 2016 through 01 / 31 / 2016

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 Carlton G. Davids [Electronically Filed] Date 02 / 19 / 2016

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		71594.39
(b) Cash on Hand at Beginning of Reporting Period.....	71594.39	
(c) Total Receipts (from Line 19) .....	20685.78	20685.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	92280.17	92280.17
7. Total Disbursements (from Line 31).....	9002.74	9002.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	83277.43	83277.43
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**American College of Cardiology Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12960.04	12960.04
(ii) Unitemized .....	6437.17	6437.17
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	19397.21	19397.21
(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) .....	19397.21	19397.21
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	1288.57	1288.57
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	20685.78	20685.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20685.78	20685.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1252.74	1252.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1252.74	1252.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	250.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	250.00	250.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9002.74	9002.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9002.74	9002.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	19397.21	19397.21
34. Total Contribution Refunds (from Line 28(d)) .....	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19147.21	19147.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1252.74	1252.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1288.57	1288.57
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-35.83	-35.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Jay H. Alexander FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2151 Waukegan Rd  
 Ste 100  
 City Bannockburn State IL Zip Code 60015-1885  
 Name of Employer North Shore Cardiologists, SC Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2016  
**Transaction ID : 4770A7DEB62F54364002**  
 Amount of Each Receipt this Period 250.00

**B. Alan D. Bramowitz FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 18285  
 Jefferson Hospital Medical Buildin  
 City Pittsburgh State PA Zip Code 15236-0285  
 Name of Employer Jefferson Card. Assoc. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2016  
**Transaction ID : 747FF282CEE086653F4**  
 Amount of Each Receipt this Period 250.00

**c. George H. Crossley FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 Stratton Pl  
 Ste 5209  
 City Brentwood State TN Zip Code 37027-4228  
 Name of Employer Vanderbilt University Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2016  
**Transaction ID : 49D9B340722D17F9D14A**  
 Amount of Each Receipt this Period 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<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. Paul L. Douglass FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4186 Sandy Lake Dr  
 City Lithonia State GA Zip Code 30038-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Metropolitan Atlanta Cardiology Consul Occupation PREVENTIVE CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 01 / 31 / 2016  
**Transaction ID : 5F6FB6E9085EBE4E5E8**  
 Amount of Each Receipt this Period 255.00

**B. William G. Elliott FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8638 W Cherry Hills Dr  
 City Peoria State AZ Zip Code 85345-8173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 05 / 2016  
**Transaction ID : CF2C610EF6819F74B16**  
 Amount of Each Receipt this Period 1000.00

**C. Gregory P. Fazio FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 Shady Dell Rd  
 Apple Hill Medical Center  
 City York State PA Zip Code 17403-4426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiac Diagnostics Assoc. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 27 / 2016  
**Transaction ID : F20AD2BA-0995-4CF6-**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1755.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Vincent M. Figueredo FACC</b>		Date of Receipt
Mailing Address 402 Plymouth Rd Bldg 3		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City Blue Bell	State PA	Zip Code 19422-1727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 65E97A7896037FD0A16</b>
Name of Employer Albert Einstein Medical Center	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" value="250.00"/>
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Louis I. Fink FACC</b>		Date of Receipt
Mailing Address 16 Chardonnay Ter		<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2016"/>
City Bedford	State NH	Zip Code 03110-5220
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AF2DA869-0BFD-4DAC-</b>
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" value="1000.00"/>
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Ivor L. Geft CHB, FACC</b>		Date of Receipt
Mailing Address 8631 W 3rd St Ste 445E		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City Los Angeles	State CA	Zip Code 90048-6160
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : 063489412C5F831E162</b>
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" value="250.00"/>
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 OF 21
	<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. Tyler J. Gluckman FACC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1809 NW Columbine Ln  
City Portland State OR Zip Code 97229-9196  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence St. Vincent Heart Clinic - Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 03 / 2016**  
**Transaction ID : 35A8027D-D53E-4795-**  
Amount of Each Receipt this Period **250.00**

**B. Tyler J. Gluckman FACC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1809 NW Columbine Ln  
City Portland State OR Zip Code 97229-9196  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Providence St. Vincent Heart Clinic - Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 03 / 2016**  
**Transaction ID : 3DCE5D17-35ED-44BB-**  
Amount of Each Receipt this Period **250.00**

**c. John Gordon Harold MACC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2473 Jupiter Dr  
City Los Angeles State CA Zip Code 90046-1752  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Cedars-Sinai Medical Center Occupation ADULT CARDIOLOGY  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **208.34**

Date of Receipt **01 / 07 / 2016**  
**Transaction ID : 43EF87348498CB084B1C**  
Amount of Each Receipt this Period **208.34**

**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: (check only one)	PAGE 10 OF 21
<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. Louis I. Heller FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 612 Windsor Pkwy  
 City Atlanta State GA Zip Code 30342-2802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2016  
**Transaction ID : 88E935EDE332FBE7495**  
 Amount of Each Receipt this Period  
 250.00

**B. Alan S. Katz FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 51 Flamingo Rd  
 City Roslyn State NY Zip Code 11576-2707  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Catholic Health Services  
 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 Y  
 01 / 05 / 2016  
**Transaction ID : E5DDF2CDD2044A11822**  
 Amount of Each Receipt this Period  
 250.00

**C. Michael H. Keelan FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13130 Watertown Plank Rd Unit 111  
 City Elm Grove State WI Zip Code 53122-2237  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed  
 Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2016  
**Transaction ID : 6578EE3850612EA5230**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 11 OF 21
	<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. Thomas J. Lewandowski FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 113 Limekiln Dr  
 City Neenah State WI Zip Code 54956-4213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Appleton Cardiology ThedaCare Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **01 / 07 / 2016**  
**Transaction ID : 4BD4A50D1024E92468DA**  
 Amount of Each Receipt this Period **210.00**

**B. Gregory McKinnon Lewis FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 237 E Hickory St  
 City Hinsdale State IL Zip Code 60521-3711  
 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 **01 / 05 / 2016**  
**Transaction ID : EEB4906034B7FFB9D14**  
 Amount of Each Receipt this Period **250.00**

**C. Kristin M. Linzmeyer FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 E Crestline Dr  
 City Boise State ID Zip Code 83702-3053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **365.00**

Date of Receipt **01 / 31 / 2016**  
**Transaction ID : 8CBE3B3F4573D8F5BAB**  
 Amount of Each Receipt this Period **365.00**

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**  
**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 12 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. J. Jeffrey Marshall FACC</b>		Date of Receipt
Mailing Address 200 S Enota Dr NE Ste 200		<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2016"/>
City	State	Zip Code
Gainesville	GA	30501-3466
FEC ID number of contributing federal political committee.		Transaction ID : <b>436A9C8A35BCEF002202</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.34"/>
Name of Employer	Occupation	
The Heart Center	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="208.34"/>	

Full Name (Last, First, Middle Initial) <b>B. Dale S. McDowell FACC</b>		Date of Receipt
Mailing Address 11215 Merganser Rd		<input type="text" value="01"/> / <input type="text" value="05"/> / <input type="text" value="2016"/>
City	State	Zip Code
Klamath Falls	OR	97601-8629
FEC ID number of contributing federal political committee.		Transaction ID : <b>117631053E88110ADBFB</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Klamath Heart Clinic	ADULT CARDIOLOGY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. J. Scott Millikan FACC</b>		Date of Receipt
Mailing Address 3319 Alpine Dr		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2016"/>
City	State	Zip Code
Billings	MT	59102-0341
FEC ID number of contributing federal political committee.		Transaction ID : <b>AE8207125BC929D1CFB</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Billings Clinic Please use ID #785494	CARDIAC SURGERY	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="708.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 13 OF 21
	<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	<input type="checkbox"/> 17

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

**A. Peter K. O'Brien FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Lambeth Ct  
 City Lynchburg State VA Zip Code 24503-2148  
 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 M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2016  
**Transaction ID : 4334D5338F36E2609E4**  
 Amount of Each Receipt this Period  
 500.00

**B. Matthew Phillips FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12721 Monte Castillo Pkwy  
 City Austin State TX Zip Code 78732-1631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Austin Heart, P.A. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 28 / 2016  
**Transaction ID : 443EB88CC908513FAC3B**  
 Amount of Each Receipt this Period  
 83.34

**C. Geetha Raghuveer FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5354 Mission Woods Rd  
 City Shawnee Mission State KS Zip Code 66205-2008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Mercy Hospital Occupation PEDIATRIC CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2016  
**Transaction ID : 48B084A746D70A259779**  
 Amount of Each Receipt this Period  
 208.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....	791.68
<b>TOTAL</b> 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 OF 21
	<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. James C. Ramicone FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6525 Powers Blvd  
 City Parma State OH Zip Code 44129-5461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Clinic Occupation ELECTROPHYSIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 05 / 2016**  
**Transaction ID : A1EC41157A57A1C1744**  
 Amount of Each Receipt this Period **1000.00**

**B. Narasimha P. Rao FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1180 N Indian Canyon Dr Ste E319  
 City Palm Springs State CA Zip Code 92262-4809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Desert Heart Physicians Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **01 / 05 / 2016**  
**Transaction ID : 2F77532210F42EDF5BE**  
 Amount of Each Receipt this Period **1000.00**

**C. Sunil Rao FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31346 Cedar Ridge Ln  
 City Madison Heights State MI Zip Code 48071-1939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Genesys Medical Center Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 05 / 2016**  
**Transaction ID : F11495328B5B5496F4C**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **2500.00**  
**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 15 OF 21
<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. Sheila A. Robinson FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4186 Sandy Lake Dr  
 City Lithonia State GA Zip Code 30038-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation CLINICAL CARDIOLOGY/GENERAL CARDIO  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 255.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2016  
**Transaction ID : 4173E0AFF125D3595B9**  
 Amount of Each Receipt this Period  
 255.00

**B. Mark H. Schoenfeld FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Rock Hill Rd  
 City Woodbridge State CT Zip Code 06525-1103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hosp of St Raphael/Yale Univ Sch of Me Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2016  
**Transaction ID : 4EC93043-3A16-42F3-**  
 Amount of Each Receipt this Period  
 250.00

**C. Bernard L. Segal FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1237 E Durham St  
 City Philadelphia State PA Zip Code 19150-2801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Jefferson University Hospital 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 Y Y  
 01 / 31 / 2016  
**Transaction ID : 95F7B750C3AB11E1206**  
 Amount of Each Receipt this Period  
 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1005.00
<b>TOTAL</b> 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 OF 21
	<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. Nicolas W. Shammass FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 Lundy Ln  
 City Bettendorf State IA Zip Code 52722-3994  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cardiovascular Medicine, P.C. Occupation ADULT CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 05 / 2016  
**Transaction ID : 3ABF58F1EF13828EB42**  
 Amount of Each Receipt this Period  
 250.00

**B. Suma A. Thomas FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 W Lakeside Ave Apt 801  
 City Cleveland State OH Zip Code 44113-5517  
 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 ▼ 208.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2016  
**Transaction ID : 46E084C3E90FA323F0B6**  
 Amount of Each Receipt this Period  
 208.34

**C. Thad F. Waites FACC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1017 Richburg Rd  
 City Hattiesburg State MS Zip Code 39402-9055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern Heart Center Occupation INTERVENTIONAL CARDIOLOGY  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 208.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 01 / 2016  
**Transaction ID : 4E81BEB60E6988A51D6B**  
 Amount of Each Receipt this Period  
 208.34

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	666.68
<b>TOTAL</b> 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 17 OF 21
<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"/>	<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 FACC**

Mailing Address 645 Landor Ln

City Pasadena State CA Zip Code 91106-4116

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

Name of Employer Occupation  
Self-Employed ADULT CARDIOLOGY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
01 / 22 / 2016

Transaction ID : **E7724174-F509-43F7-**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12960.04

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

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

FOR LINE NUMBER: PAGE 18 OF 21  
(check only one)

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

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

Full Name (Last, First, Middle Initial)  
**A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City Richmond State VA Zip Code 23285-5024

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1288.57

Date of Receipt  
01 / 30 / 2016  
**Transaction ID : 9DCFB8125514A93DAF7**

Amount of Each Receipt this Period  
1288.57

Reimbursement for December 2015 Amex Fees and January 2016 Merchant Fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1288.57
<b>TOTAL</b> This Period (last page this line number only).....▶	1288.57

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo, N.A.**

Mailing Address C/O Nova Information Systems  
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement  
January 2016 Merchant Fees

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 04 / 2016

Transaction ID : M389FFB0AB67C0AB508C

Amount of Each Disbursement this Period

1081.20

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1081.20

1081.20

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Prosperity Action Inc.**

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 22314-2000

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**Prosperity Action Inc.**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : 8BC4F58AFAC213D9737

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Ted Lieu for Congress**

Mailing Address 16633 Ventura Blvd # 1008

City Encino State CA Zip Code 91436

Purpose of Disbursement  
2016 Primary

Candidate Name  
**Ted W. Lieu**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Contribution

State: CA District: 33

Date of Disbursement

MM / DD / YYYY  
01 / 15 / 2016

Transaction ID : 6059D8191207C06BA25

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  
 Primary  General  
 Other (specify)  Contribution

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

7500.00

7500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tyler J. Gluckman FACC**

Mailing Address 1809 NW Columbine Ln

City Portland State OR Zip Code 97229-9196

Purpose of Disbursement  
Refund

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : C938C0962662937C817**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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