

**WICKENS
HERZER
PANZA
COOK &
BATISTA**

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2007 JUL 17 AM 9:15

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35765 Chester Road
Avon, OH 44011-1262

July 12, 2007

Federal Election Commission
999 East Street, N.W.
Washington, DC 20463

RE: July 31 Mid-Year Report (Non-Election Year) for North Ohio Heart Center, Inc. PAC
(FEC Identification No. C00430561)

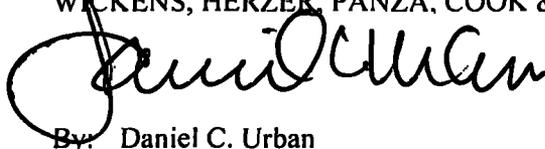
Dear Sir/Madam:

Enclosed please find FEC Form 3X being filed on behalf of North Ohio Heart Center, Inc. PAC (FEC Identification No. C00430561). Please note that this Report is the above-referenced PAC's July 31 Mid-Year Report (Non-Election Year). Please be advised that, because North Ohio Heart Center, Inc. PAC has had no activity during the reporting period, either in the form of contributions or expenditures, FED Form 3X contains all "0" amounts.

If you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,

WICKENS, HERZER, PANZA, COOK & BATISTA CO.



By: Daniel C. Urban

DCU/lgr
Enclosure
cc: Gary L. Zrimec (w/o enclosure)

27039473756

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

North Ohio Heart Center, Inc. PAC

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2007	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19).....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	0.00	0.00
7. Total Disbursements (from Line 31).....	0.00	0.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
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

27039473758

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

North Ohio Heart Center, Inc. PAC

Report Covering the Period: From: 01 01 2007 To: 06 30 2007

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

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

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

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**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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)
North Ohio Heart Center, Inc. PAC

Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		/ /
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, . .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
, . .		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		/ /
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, . .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
, . .		
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		/ /
City	State	Zip Code
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
C		, . .
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
, . .		

SUBTOTAL of Receipts This Page (optional).....▶	, . .	0.00
TOTAL This Period (last page this line number only).....▶	, . .	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<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 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)
 North Ohio Heart Center, Inc. PAC

A.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M / / D O C / / Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Category/Type		, , .	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

B.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M / / D O C / / Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Category/Type		, , .	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

C.		Date of Disbursement	
Full Name (Last, First, Middle Initial)		M / / D O C / / Y Y	
Mailing Address			
City State Zip Code			
Purpose of Disbursement		Amount of Each Disbursement this Period	
Candidate Name			
Category/Type		, , .	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	, , .	0.00
TOTAL This Period (last page this line number only).....▶	, , .	0.00

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SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) North Ohio Heart Center, Inc. PAC	FEC IDENTIFICATION NUMBER C 00430561
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured? No Yes If yes, date originally incurred

B. If line of credit, Total Outstanding Balance:
 Amount of this Draw: _____

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____
 What is the value of this collateral?
 Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____
 What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account:
 Date account established: _____ Address:
 City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE
---	------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE
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SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
 North Ohio Heart Center, Inc. PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶		0.00
2) TOTALS This Period (last page this line number only).....▶		0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶		0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶		0.00

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) North Ohio Heart Center, Inc. PAC	FEC IDENTIFICATION NUMBER ▼ C 00430561
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____ Date _____

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SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) North Ohio Heart Center, Inc. PAC	Check if 24-hour notice
--	----------------------------

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee		
	Mailing Address		
	City	State	ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		MM / DD / YYYY
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		MM / DD / YYYY
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

Full Name (Last, First, Middle Initial) of Each Payee				Purpose of Expenditure		Category/ Type
Mailing Address				Date		
City		State		Zip Code		MM / DD / YYYY
Name of Federal Candidate Supported	Office Sought:	House Senate Presidential	State: _____ District: _____	Amount		
Aggregate General Election Expenditure for this Candidate ▶				Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)		

SUBTOTAL of Expenditures This Page (optional)..... ▶			0.00
TOTAL This Period (last page this line number only)..... ▶			0.00

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SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

North Ohio Heart Center, Inc. PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- Presidential-Only Election Year (28% Federal)
- Presidential and Senate Election Year (36% Federal)
- Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check **or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %
Nonfederal %

This ratio applies to (check all that apply):

Administrative Generic Voter Drive Public Communications Referencing Party Only

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SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
 North Ohio Heart Center, Inc. PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

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ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	. %	. %

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 North Ohio Heart Center, Inc. PAC

NAME OF ACCOUNT	DATE OF RECEIPT M M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED \$ \$ *
-----------------	--	---

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	\$ \$ *
ii) Generic Voter Drive	\$ \$ *
iii) Exempt Activities	\$ \$ *
iv) Direct Fundraising (List Activity or Event Identifier)	
a) _____	\$ \$ *
b) _____	\$ \$ *
c) Total Amount Transferred For Direct Fundraising	\$ \$ *
v) Direct Candidate Support (List Activity or Event Identifier)	
a) _____	\$ \$ *
b) _____	\$ \$ *
c) Total Amount Transferred For Direct Candidate Support	\$ \$ *
vi) Public Communications Referring Only to Party (Made by PAC)	\$ \$ *

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	\$ \$ *
TOTAL This Period (Generic Voter Drive)	\$ \$ *
TOTAL This Period (Exempt Activities)	\$ \$ *
TOTAL This Period (Direct Fundraising)	\$ \$ *
TOTAL This Period (Direct Candidate Support)	\$ \$ *
TOTAL This Period (Public Communications Referring Only to Party)	\$ \$ *
TOTAL This Period (Total Amount Transferred)	\$ \$ *

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SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 18b OF FORM 3X	

NAME OF COMMITTEE (In Full)
 North Ohio Heart Center, Inc. PAC

NAME OF ACCOUNT	DATE OF RECEIPT M / V / D D / Y Y / Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	\$, , .
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	\$, , .
iii) GOTV	GOTV
Total Amount Transferred for GOTV	\$, , .
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	\$, , .

NAME OF ACCOUNT	DATE OF RECEIPT M / V / D D / Y Y / Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

BREAKDOWN OF THIS TRANSFER

i) Voter Registration	VOTER REGISTRATION
Total Amount Transferred for Voter Registration.....	\$, , .
ii) Voter ID	VOTER ID
Total Amount Transferred for Voter ID	\$, , .
iii) GOTV	GOTV
Total Amount Transferred for GOTV	\$, , .
iv) Generic Campaign Activity	GENERIC CAMPAIGN ACTIVITY
Total Amount Transferred for Generic Campaign Activity	\$, , .

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	\$, , .
TOTAL This Period (Voter ID)	\$, , .
TOTAL This Period (GOTV).....	\$, , .
TOTAL This Period (Generic Campaign Activity).....	\$, , .
TOTAL This Period (Total Amount of Transfers Received).....	\$, , .

27039473773

**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
North Ohio Heart Center, Inc. PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date
Purpose of Disbursement		Category/ Type	
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page			
FEDERAL SHARE	+	LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))			
FEDERAL SHARE		LEVIN SHARE	= TOTAL AMOUNT
TOTAL This Period for the Levin Share			

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full) North Ohio Heart Center, Inc. PAC
NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD		COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS			
(a) Itemized (Use Schedule L-A)	\$	\$	\$
(b) Unitemized	\$	\$	\$
(c) Total	\$	\$	\$
2. OTHER RECEIPTS	\$	\$	\$
3. TOTAL RECEIPTS	\$	\$	\$
(Add Lines 1c and 2)			
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)			
(a) Voter Registration	\$	\$	\$
(b) Voter ID	\$	\$	\$
(c) GOTV	\$	\$	\$
(d) Generic Campaign	\$	\$	\$
(e) Total	\$	\$	\$
5. OTHER DISBURSEMENTS	\$	\$	\$
6. TOTAL DISBURSEMENTS	\$	\$	\$
(Add Lines 4e and 5)			
7. BEGINNING CASH ON HAND	\$	\$	\$
(for Column B, use cash as of January 1st)			
8. RECEIPTS	\$	\$	\$
(from Line 3)			
9. SUBTOTAL	\$	\$	\$
(Add Lines 7 and 8)			
10. DISBURSEMENTS	\$	\$	\$
(From Line 6)			
11. ENDING CASH ON HAND	\$	\$	\$
(Subtract Line 10 From Line 9)			

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**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 2	

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)
North Ohio Heart Center, Inc. PAC

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	\$ \$.
	Occupation	Aggregate Year-to-Date
		\$ \$.
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	\$ \$.
	Occupation	Aggregate Year-to-Date
		\$ \$.
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	\$ \$.
	Occupation	Aggregate Year-to-Date
		\$ \$.
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y
	City State Zip Code	Amount of Each Receipt this Period
	Name of Employer or Principal Place of Business	\$ \$.
	Occupation	Aggregate Year-to-Date
		\$ \$.

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

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**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

Use separate schedule(s) for each category of the Aggregation Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)
North Ohio Heart Center, Inc. PAC

A.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M / M / D / D / Y / Y / Y / Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$. .
B.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M / M / D / D / Y / Y / Y / Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$. .
C.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M / M / D / D / Y / Y / Y / Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$. .
D.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M / M / D / D / Y / Y / Y / Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$. .
E.	Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	Mailing Address	M / M / D / D / Y / Y / Y / Y
	City State Zip Code	Amount of Each Disbursement this Period
	Purpose of Disbursement	\$. .
SUBTOTAL of Disbursements This Page (optional).....▶		\$. .
TOTAL This Period (last page this line number only).....▶		\$. .

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail

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7/11/07

USPS Priority Mail

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USPS Express Mail

Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

EW

PREPARER

7/17/07

DATE PREPARED

(3/2005)

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