

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

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, July 15, October 15, January 31, July 31 Mid-Year Report, 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 12 01 2009 through 12 31 2009

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 01 29 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.

Table with 7 columns and 1 row for Office Use Only

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
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		142721.36
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	232382.18									
(c) Total Receipts (from Line 19)	32829.87	557077.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	265212.05	699798.97								
7. Total Disbursements (from Line 31)	54662.09	489249.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	210549.96	210549.96								
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

FEC Form 3X (Rev. 06/2004)

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

Report Covering the Period: From:

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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)	29943.64	465015.39
(ii) Unitemized	2208.74	76883.91
(iii) TOTAL (add Lines 11(a)(i) and (ii)	32152.38	541899.30
(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)	32152.38	541899.30
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)	677.49	15178.31
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	32829.87	557077.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	32829.87	557077.61

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.....	662.09	14891.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	662.09	14891.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54000.00	469500.00
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	4858.00
(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	4858.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	54662.09	489249.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	54662.09	489249.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	32152.38	541899.30
34. Total Contribution Refunds (from Line 28(d))	0.00	4858.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	32152.38	537041.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	662.09	14891.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	677.49	15178.31
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-15.40	-287.30

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 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Rajit Abrol, M.D.	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 1804 Crape Myrtle Circle	Transaction ID: B2E14F96E731429C5CD
	City Irving State TX Zip Code 75246-1905	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed	Occupation ELECTROPHYSIOLOGY	
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) Jay H. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2256 Carlyle Court	Transaction ID: 451296CA4B8762D319B8
	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	Refund of \$100 Processed in Jan-10
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5100.00	

C.	Full Name (Last, First, Middle Initial) John E. Alexander, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 208 6th Street	Transaction ID: F5701CB65F9EBB6B46C
	City Belmont State NC Zip Code 28012-3336	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Mid Carolina Cardiology	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	▶	1065.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 50
	<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) William James Alton, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 19 / 2009
	Mailing Address Suite 201 2400 Bath Street	Transaction ID: 460CBE495B809E4224E5
	City State Zip Code Santa Barbara CA 93105-4351	Amount of Each Receipt this Period 30.42
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Santa Barbara Cardiovascular Medcl Grp ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 243.36	

B.	Full Name (Last, First, Middle Initial) Rene J. Alvarez, Jr., M.D.,	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 425 McKean Drive	Transaction ID: 4BC28559A2481C30D217
	City State Zip Code Wexford PA 15090-7327	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation University of Pittsburgh Medical Centre HEART FAILURE/TRANSPLANT	
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) Richard A. Anschuetz, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 3311 Princeton Way	Transaction ID: 74979A00-78D7-476E-
	City State Zip Code Anchorage AK 99508-4440	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Alaska Heart Institute LLC INTERVENTIONAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	371.42
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: PAGE 8 / 50
(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)
Iqbal Bashir, M.D., F.A.

Mailing Address 6 Hearts Way, PO Box 4860

City State Zip Code
Queensbury NY 12804-0860

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

Name of Employer Occupation
Adirondack Cardiology Associates, PC CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: B344B07E75D04A60E8B

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 West 89th Street

City State Zip Code
Leawood KS 66206-1629

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

Name of Employer Occupation
Cardiovascular Consultants, PC ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 650.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9

Transaction ID: 452A9DC4E04BCCCCB832

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Eric R. Bates, M.D., F.A.

Mailing Address 840 Cherrystone Court

City State Zip Code
Ann Arbor MI 48105-3038

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

Name of Employer Occupation
University of Michigan Hospitals and H INTERVENTIONAL CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 3 / 2 0 0 9

Transaction ID: 4ACB8061FEE41B3DC26B

Amount of Each Receipt this Period
84.00

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 9 / 50
(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)
Calvin A. Bell, M.D., F.A.

Mailing Address 1720 Gunbarrel Road Suite 300

City State Zip Code
Chattanooga TN 37421-3192

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

Name of Employer: Center for Cardiovascular Health
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 09 / 2009
Transaction ID: C8F1941234EAE4640FB
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Alan S. Brown, M.D., F.A.

Mailing Address 1912 Alta Vista Court

City State Zip Code
Naperville IL 60563

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

Name of Employer: Midwest Heart Specialists-Edward Heart
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 30 / 2009
Transaction ID: 40EAB03B51E036B3CC64
Amount of Each Receipt this Period: 100.00

C. Full Name (Last, First, Middle Initial)
James C. Buell, M.D., F.A.

Mailing Address 25603 Mesa Ranch

City State Zip Code
San Antonio TX 78258-4826

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: 12 / 09 / 2009
Transaction ID: 0D9AC0E3DEEEBE0F7F0
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1600.00

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 10 / 50
	<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) Joseph G. Cacchione, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 13 / 2009		
	Mailing Address 5740 Hickory Knoll Court		Transaction ID: 426A95E05809C32D46DA		
	City Fairview	State PA	Zip Code 16415-3246	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer St. Vincent Health Center	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

B.	Full Name (Last, First, Middle Initial) Jeffrey G. Carr, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 5801 Quail Creek Drive		Transaction ID: 5ABDF12507C5F1B919A		
	City Tyler	State TX	Zip Code 75703-4530	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiovascular Associates of East Texa	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) Hollace D. Chastain, II, M.D.,		Date of Receipt MM / DD / YYYY 12 / 30 / 2009		
	Mailing Address 1819 Breamar Drive		Transaction ID: 42A49DD483312917862A		
	City Fort Wayne	State IN	Zip Code 46814-9364	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Fort Wayne Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1300.00			

SUBTOTAL of Receipts This Page (optional)	725.00
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 / 50
(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)
Felix Chu, D.O., F.A.
Mailing Address 65 Van Nostrand Avenue
City State Zip Code
Great Neck NY 11024-1821
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
1 2 / 1 1 / 2 0 0 9
Transaction ID: 371B047D950E8ACD5E9
Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
David J. Clardy, M.D., F.A.
Mailing Address 801 Broadway N
City State Zip Code
Fargo ND 58102-3641
FEC ID number of contributing federal political committee. **C**
Name of Employer Meritcare Medical Center Occupation
ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 336.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 9
Transaction ID: 48B9A2DF91842AD917B9
Amount of Each Receipt this Period
84.00

C. Full Name (Last, First, Middle Initial)
Bernard A. Clark, III, M.D.,
Mailing Address 95 Johnny Cake Lane
City State Zip Code
Glastonbury CT 06033-2545
FEC ID number of contributing federal political committee. **C**
Name of Employer St. Francis Hospital and Medical Cente Occupation
ADULT CARDIOLOGY
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00
Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 9
Transaction ID: 4425B5B6CFE7B3749BC7
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **384.00**
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 / 50
	<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) Barry M. Cohen, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 32 Hendel Avenue		Transaction ID: 59190926A393B27091D		
	City North Arlington	State NJ	Zip Code 07031-5910	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Associates in Cardiovascular Disease.	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Mark D. Cohen, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 2538 W Doublegate Drive		Transaction ID: 67C45798EF5D4708F3E		
	City Albany	State GA	Zip Code 31721-9232	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed	Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Lianna S. Collinge, CAE		Date of Receipt MM / DD / YYYY 12 / 16 / 2009		
	Mailing Address 4014 88th Avenue Northwest		Transaction ID: 4F9A9127F8C4DCEA75C4		
	City Gig Harbor	State WA	Zip Code 98335-6157	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Washington Chapter of the ACC	Occupation Executive	Aggregate Year-to-Date 595.00		

SUBTOTAL of Receipts This Page (optional)	835.00
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 13 / 50
	<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 G. Combs, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 5722 Ricky Ridge Trail		Transaction ID: 9E3D6BF95EBA71FEF93		
	City Orefield	State PA	Zip Code 18069-8800	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer The Heart Care Group, P.C.		Occupation INTERVENTIONAL 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) James C. Cook, Jr., M.D.,		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 1555 Highway 238		Transaction ID: 79BB4025B0B9639C2B1		
	City Jacksonville	State OR	Zip Code 97530-9770	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Providence Medical Group		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) George H. Crossley, III, M.D.,		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 276 Stratton Court		Transaction ID: 40F3827C540F8BA3204C		
	City Brentwood	State TN	Zip Code 37027-4228	Amount of Each Receipt this Period 167.00	
	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 ▼ 3503.00			

SUBTOTAL of Receipts This Page (optional)	▶	917.00
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 14 / 50
(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)
Patrick J. Daley, Jr., M.D.,

Mailing Address 4808 Union Chapel Road

City State Zip Code
Fort Wayne IN 46845-9284

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 ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: DDD78CB8AB7B87A7194

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
James P. Daubert, M.D., F.A.

Mailing Address 1119 Hillcrest Circle

City State Zip Code
Chapel Hill NC 27514

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

Name of Employer Occupation
Duke University Medical Center ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 0346C5DE-F9DC-4566-

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Thomas C. Dickinson, M.D., F.A.

Mailing Address 1415 Magna Court

City State Zip Code
Orlando FL 32804-8048

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 740B2CE99F06E06A112

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 50
	<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 T. Dodge, Jr., M.D.,	Date of Receipt MM / DD / YYYY 12 / 14 / 2009
	Mailing Address 112 E Mountain Brook Ln	Transaction ID: 328E33E3-4828-4589-
	City State Zip Code Wenatchee WA 98801	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Providence Medical Group Occupation INTERVENTIONAL 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) T. Anthony Don Michael, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 4109 Sill Place	Transaction ID: D63E10CE94B51D7DDBD
	City State Zip Code Bakersfield CA 93306-3112	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Advanced Heart and Medcl Ctr 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) Robert L. Drake, D.O.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 2535 Marion Avenue Road	Transaction ID: C8BD3596D5C31FF2AD4
	City State Zip Code Mansfield OH 44903-8711	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mid-Ohio Heart Clinic Inc. 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)	1730.00
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 16 / 50
(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)
Dale E. Edlin, M.D., F.A.

Mailing Address 179 Avenue at the CMN
Suite 101

City Shrewsbury State NJ Zip Code 07702

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

Name of Employer Dale E Edlin, MD, LLC Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2009

Transaction ID: 8A6F6668-5D2B-468B-

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Chester J. Falterman, M.D., F.A.

Mailing Address 1458 Avellino Circle

City Murfreesboro State TN Zip Code 37130-7608

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 ▼ 499.98

Date of Receipt
MM / DD / YYYY
12 / 25 / 2009

Transaction ID: 42D2994A450F409ACC51

Amount of Each Receipt this Period
83.33

C.

Full Name (Last, First, Middle Initial)
James W. Fasules, M.D., F.A.

Mailing Address 6 Cascades Drive

City Little Rock State AR Zip Code 72212-3306

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

Name of Employer American College of Cardiology Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 798.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2009

Transaction ID: 4B3E8DF91BF2F1B822D6

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional) ► 1167.33

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: (check only one)	PAGE 17 / 50
	<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) Kevin Fitzpatrick	Date of Receipt MM / DD / YYYY 12 / 20 / 2009
	Mailing Address 1441 Windrow Lane	Transaction ID: 47BAB0222FB1D7CFA3FD
	City State Zip Code Yardley PA 19067	Amount of Each Receipt this Period 85.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation Cardiologist	Aggregate Year-to-Date 935.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Kathleen B. Flood	Date of Receipt MM / DD / YYYY 12 / 29 / 2009
	Mailing Address 9111 Old Georgetown Road	Transaction ID: 45FE9789A9874F51F366
	City State Zip Code Bethesda MD 20814-1616	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American College of Cardiology Occupation Executive	Aggregate Year-to-Date 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Perry A. Frankel, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 19 / 2009
	Mailing Address 6 Fairway Road	Transaction ID: 48E0B282E0E956A925B5
	City State Zip Code Roslyn NY 11576-1011	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	Aggregate Year-to-Date 950.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	285.00
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 18 / 50
	<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) John A. Frazier, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 10 Boy Street PO Box 133		Transaction ID: 5CE7F0A18411EBB8702		
	City Bristol	State CT	Zip Code 06010-2330	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 Self-Employed Self-Employed		Occupation ADULT CARDIOLOGY		

B.	Full Name (Last, First, Middle Initial) Ajay K. Gaalla, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 201 Fairway		Transaction ID: 70BCB1EB982255DEED9		
	City Victoria	State TX	Zip Code 77904-1678	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
	Name of Employer Self-Employed Self-Employed		Occupation ADULT CARDIOLOGY		

C.	Full Name (Last, First, Middle Initial) Joseph A. Gabis, M.D.		Date of Receipt MM / DD / YYYY 12 / 23 / 2009		
	Mailing Address 92 North Fourth Street		Transaction ID: 41541B812FAC677D7ED		
	City Martins Ferry	State OH	Zip Code 43935-1691	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
	Name of Employer Self-Employed Self-Employed		Occupation Cardiologist		

SUBTOTAL of Receipts This Page (optional)	950.00
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 19 / 50
(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)
Cathy Gates

Mailing Address 17500 Ashton Forest Terrace

City State Zip Code
Sandy Spring MD 20860-3009

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

Name of Employer American College of Cardiology
Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 4FB292E44D170DF63EB9

Amount of Each Receipt this Period
83.34

B.

Full Name (Last, First, Middle Initial)
Foad Ghavami, M.D., F.A.

Mailing Address 501 Seaview Avenue Suite 300

City State Zip Code
Staten Island NY 10305-3400

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

Name of Employer Vazzana Bogin Associates
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 1B2801851F6C4807178

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Samuel D. Goldberg, M.D., F.A.

Mailing Address 8512 Atwell Road

City State Zip Code
Potomac MD 20854-6234

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

Name of Employer Maryland Heart, P.C.
Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2009

Transaction ID: 43A187B420A44628600C

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **353.34**

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 20 / 50
	<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) Lee W. Gould, M.D., F.A.		Date of Receipt
	Mailing Address 3865 Country Club Drive		<input type="text" value="12"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Lewiston	ID	83501-9622
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Transaction ID: 4C9A8624B19646F2E471
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="588.00"/>	<input type="text" value="84.00"/>

B.	Full Name (Last, First, Middle Initial) Jerome L. Hines, M.D., Ph.D		Date of Receipt
	Mailing Address 11 Salt Creek Lane #2		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Hinsdale	IL	60521-3032
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-Employed		Occupation ADULT CARDIOLOGY	Transaction ID: 46D7AB5A2846DD3E9E45
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="900.00"/>	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Robert G. Hogan, M.D., F.A.		Date of Receipt
	Mailing Address 14 Coolidge Avenue		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Glens Falls	NY	12801-2604
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Adirondack Cardiology Ass- oc., PC		Occupation INTERVENTIONAL CARDIOLOGY	Transaction ID: C3525FC3AD99C9A21B7
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="434.00"/>
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 21 / 50
(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)
David R. Holmes, Jr., M.D.,

Mailing Address 1122 21st Street, Northeast

City State Zip Code
Rochester MN 55906-4059

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

Name of Employer Mayo Clinic Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
12 / 13 / 2009

Transaction ID: 4953BBB6392D9D6F8630

Amount of Each Receipt this Period
84.00

B.

Full Name (Last, First, Middle Initial)
Carl Noah Israel, M.D., F.A.

Mailing Address 4437 Cascades Shoreline Drive

City State Zip Code
Tyler TX 75709-8900

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

Name of Employer Cardiovascular Associates of East Texa Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: C9F9F2F6B30C78A9406

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Paul G. Israel, M.D., F.A.

Mailing Address 5019 Littlebury Road

City State Zip Code
Huntsville AL 35802-1826

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

Name of Employer Self-Employed Occupation PEDIATRIC CARD.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 8AB6C261064CC9CFBA1

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **834.00**

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 / 50
(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)
C. David Joffe, M.D., F.A.

Mailing Address 7067 Meeker Commons

City Dayton State OH Zip Code 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 ▼ 408.00

Date of Receipt 12 / 11 / 2009
Transaction ID: 418CA8C857D52EB1BB9C

Amount of Each Receipt this Period 30.00

B. Full Name (Last, First, Middle Initial)
Shahabuddin Khan, M.D., F.A.

Mailing Address 7619 Victory Gallup Street

City Las Vegas State NV Zip Code 89131-4125

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

Name of Employer Nevada Heart & Vascular Center Occupation INTERVENTIONAL CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 924.00

Date of Receipt 12 / 20 / 2009
Transaction ID: 4D2699840FC23B07E74B

Amount of Each Receipt this Period 84.00

C. Full Name (Last, First, Middle Initial)
Paul Kligfield, M.D., F.A.

Mailing Address 434 East 52nd Street

City New York State NY Zip Code 10022-6402

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

Name of Employer Cornell Medical Center Occupation ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 377.34

Date of Receipt 12 / 17 / 2009
Transaction ID: 4E72A946DC6F97234564

Amount of Each Receipt this Period 42.00

SUBTOTAL of Receipts This Page (optional) ► 156.00

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 23 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Michael A. Layden, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 6 Hearts Way, PO Box 4860	Transaction ID: 5EF7611C725275EB766
	City State Zip Code Queensbury NY 12804-0860	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Adirondack Cardiology Ass-oc., PC 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) Roger F. Leonard, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 11706 Split Tree Circle	Transaction ID: 4792971AFCF0A3003668
	City State Zip Code Potomac MD 20854-2880	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Montgomery General Hospital ADMINISTRATION	
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) Sandra J. Lewis, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 5342 Southwest Hewett Boulevard	Transaction ID: 4B48AFB592999DF637D8
	City State Zip Code Portland OR 97221-2254	Amount of Each Receipt this Period 83.34
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation NW Cardiovascular Institute CLINICAL CARDIOLOGY/GENERAL CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.06	

SUBTOTAL of Receipts This Page (optional)	674.34
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 24 / 50
	<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 Henry Little, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 4231 Rice Blvd	Transaction ID: 80493289-FDB7-4887-
	City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Methodist DeBakey Heart CenterDep	Occupation ECHOCARDIOLOGY/ECHOCARDIOGRAPHY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) Ivan J. Llado-Gonzalez, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address Reina Ana 161, Villa Torrimar	Transaction ID: C0D2D5F755D05CFAAFE
	City State Zip Code Guaynabo Se 00969	Amount of Each Receipt this Period 365.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Instituto San Pablo	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) Fernando Lopez, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 28 / 2009
	Mailing Address 131 E Kings Highway, Casa Alegre	Transaction ID: 4E88B9561110DCB2423A
	City State Zip Code San Antonio TX 78212-2961	Amount of Each Receipt this Period 41.66
	FEC ID number of contributing federal political committee. C	
Name of Employer Alamo Heart Associates	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 374.94	

SUBTOTAL of Receipts This Page (optional)	706.66
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 25 / 50
	<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) Jose Mathew, M.B.B.S.,		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 1101A Port Arthur Terrace		Transaction ID: D55F33E724142353C8C		
	City Leesville	State LA	Zip Code 71446-4635	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Leesville Cardiology	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) Robert J. Mich		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 78 Prospect Hill Ave		Transaction ID: 865B592F56453A890D9		
	City Summit	State NJ	Zip Code 07901-3740	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Associates in Cardiovascular Disease	Occupation Cardiologist			
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) Alan Micklin, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 21 / 2009		
	Mailing Address 17010 Yawl Road Suite 200		Transaction ID: 7E10024F06D4E02CF15		
	City Cornelius	State NC	Zip Code 28031-7637	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cardiology Physicians Abby Medical Cent	Occupation ADULT CARDIOLOGY			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 50
	<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) Kevin W. Miller, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 1609 Oriole Drive	Transaction ID: 704360BE4480C11D38F
	City State Zip Code Norman OK 73071-6128	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Oklahoma Medical Special- ists	Occupation INTERVENTIONAL 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) Margo B. Minissian, ACNP-BC, M	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 444 S San Vicente Boulevard Suite	Transaction ID: 4E398E46A93AAC6FBC41
	City State Zip Code Los Angeles CA 90048-4174	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cedars Sinai Womens Heart Center	Occupation PREVENTIVE CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

C.	Full Name (Last, First, Middle Initial) Michael J. Mirro, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 30 / 2009
	Mailing Address 2005 Prestwick Lane	Transaction ID: 425BA44DE9CA5286B535
	City State Zip Code Fort Wayne IN 46814-9317	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Fort Wayne Cardiology Cor- poration	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional)	684.00
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 27 / 50

(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)

Scott M. Munro, M.D., F.A.

Mailing Address 56 Hearthstone Drive

City State Zip Code
Gansevoort NY 12831-2506

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

Name of Employer Occupation
Adirondack Cardiology Ass- ADULT CARDIOLOGY
oc., PC

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

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: 4F8312F4A9C13707EE2

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Paul J. O'Brien, M.D., F.A.

Mailing Address 4660 Kenmore Avenue Suite 800

City State Zip Code
Alexandria VA 22304-1300

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

Name of Employer Occupation
Virginia Cardiology, P.C. ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 336.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 9

Transaction ID: 47FBB4EEFE13FFDF2F5E

Amount of Each Receipt this Period
84.00

C.

Full Name (Last, First, Middle Initial)

Mark A. O'Shaughnessy, M.D., F.A.

Mailing Address 7718 Inverness Lakes Trail

City State Zip Code
Fort Wayne IN 46804-3823

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

Name of Employer Occupation
Fort Wayne Cardiology Cor- ADULT CARDIOLOGY
poration

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: F7792FB4BE6DD54F598

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)

834.00

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 / 50
	<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) Mayank K. Parikh, M.B.B.S.,	Date of Receipt MM / DD / YYYY 12 / 22 / 2009
	Mailing Address 3 Millcroft Place	Transaction ID: OC1709FC349E5CC3CA7
	City State Zip Code Sugar Land TX 77479-4203	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	

B.	Full Name (Last, First, Middle Initial) Hemantkumar M. Patel, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 2314 Tattersalls Drive	Transaction ID: 39F2880D991CE31D2C5
	City State Zip Code Wilmington NC 28403-8017	Amount of Each Receipt this Period 358.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Wilmington Cardiology, PL-LC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 716.00	

C.	Full Name (Last, First, Middle Initial) Alan S. Pearlman, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 4834 118th Avenue Northeast	Transaction ID: CF6BF8AB-8B1F-49ED-
	City State Zip Code Kirkland WA 98033-8748	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer University of Washington Division of C	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)	973.00
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 / 50
(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)
Alexandre Petrakian, M.D., F.A.
 Mailing Address 2040 Stonegate Boulevard
 City State Zip Code
Tyler TX 75703-0103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cardiovascular Associates of East Texas Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00
 Date of Receipt 12 / 21 / 2009
Transaction ID: A51502E2106AF19406D
 Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
David J. Pinnelas, M.D., F.A.
 Mailing Address 2 Hopi Court
 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 ▼ 249.96
 Date of Receipt 12 / 06 / 2009
Transaction ID: 4F38843170D1EE742DFC
 Amount of Each Receipt this Period 41.66

C. Full Name (Last, First, Middle Initial)
Steven V. Priest, M.D., F.A.
 Mailing Address 3222 W Riverside Drive
 City State Zip Code
Fort Myers FL 33901-6734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Florida Heart Associates Occupation ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00
 Date of Receipt 12 / 13 / 2009
Transaction ID: 49D1BBFAECA396D0E79D
 Amount of Each Receipt this Period 91.00

SUBTOTAL of Receipts This Page (optional) ▶ **632.66**
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 30 / 50
(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)
Sterling S. Reese, M.D., F.A.
Mailing Address 145 Hospital Avenue #113

City State Zip Code
Du Bois PA 15801-1463

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

Name of Employer: Du Bois Regional Cardiology Associates
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 12 / 09 / 2009
Transaction ID: 1692EA0CDA9772486F5
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
George P. Rodgers, M.D., F.A.
Mailing Address 2441 Westlake Drive

City State Zip Code
Austin TX 78746-2950

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

Name of Employer: Biophysical Corporation
Occupation: ADULT CARDIOLOGY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 926.00

Date of Receipt: 12 / 16 / 2009
Transaction ID: 4166B0DE23597C94C1A6
Amount of Each Receipt this Period: 84.00

C. Full Name (Last, First, Middle Initial)
Florence G. Rothenberg, M.D., F.A.
Mailing Address 222 Reilly Road
231 Albert Sabin Way, Mill 0542

City State Zip Code
Cincinnati OH 45215

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

Name of Employer: University of Cincinnati
Occupation: CARDIOVASCULAR RESEARCH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt: 12 / 25 / 2009
Transaction ID: 4CDFA61A7CEA758383B6
Amount of Each Receipt this Period: 84.00

SUBTOTAL of Receipts This Page (optional) ► 1168.00

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 31 / 50
(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)
Patrick J. Rowley, M.D., F.A.

Mailing Address 84 Fitzgerald Road

City State Zip Code
Queensbury NY 12804-1358

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

Name of Employer Occupation
Adirondack Cardiology Ass- ADULT CARDIOLOGY
oc., PC

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 16DA9F764B924F60FCC

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Brian H. Sarter, M.D., F.A.

Mailing Address 203 Fallbrooke Drive
Abby Medical Center

City State Zip Code
Kennett Square PA 19348

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

Name of Employer Occupation
Cardiology Physicians, P.- ADULT CARDIOLOGY
A.

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 8D3EE7ABC8F4A68D4D3

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Cristiana Scridon, M.D., F.A.

Mailing Address 1240 Indian Mound Trail

City State Zip Code
Vero Beach FL 32963-2345

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

Name of Employer Occupation
IRMC ADULT 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
1 2 / 0 9 / 2 0 0 9

Transaction ID: BD043DBA75B9BCDDECD

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **1615.00**

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 32 / 50
(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 L. Sechler, M.D., F.A.

Mailing Address 6525 Powers Boulevard Suite 301

City Cleveland State OH Zip Code 44129-5461

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

Name of Employer Cardiovascular Clinic, Inc. Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 09 / 2009

Transaction ID: B1ADA3B4C85A3BF537C

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Michael J. Severino, M.D., F.A.

Mailing Address 1732 Fargo Boulevard Suite 100

City Geneva State IL Zip Code 60134-2973

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

Name of Employer Kane Cardiology, SC Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 19 / 2009

Transaction ID: 49D38A8C1A128E6CC5D8

Amount of Each Receipt this Period 84.00

C.

Full Name (Last, First, Middle Initial)
M. Theodore Silver, M.D., F.A.

Mailing Address 697 Lebanon Road

City Winterport State ME Zip Code 04496-4023

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

Name of Employer Northeast Cardiology Associates Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 336.00

Date of Receipt 12 / 19 / 2009

Transaction ID: 440AB82EB6ABEDF6E3B9

Amount of Each Receipt this Period 84.00

SUBTOTAL of Receipts This Page (optional) ► **418.00**

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 / 50
(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)
Charles Thomas Smith, M.D., F.A.

Mailing Address 5642 Ocean Drive

City State Zip Code
Corpus Christi TX 78412-2752

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 ▼ 365.00

Date of Receipt
MM / DD / YYYY
12 / 09 / 2009

Transaction ID: 5F5FF2DDAD255E8250C

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Kyle Smith, M.D.

Mailing Address 115 W 5th Street

City State Zip Code
Tyler TX 75701-4007

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

Name of Employer Cardiovascular Associates of East Texa Occupation
ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2009

Transaction ID: BD7EA9A5CE20CB981C9

Amount of Each Receipt this Period
500.00

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

Mailing Address 803 Towner Place

City State Zip Code
Louisville KY 40223-2568

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

Name of Employer Medical Center Cardiologists Occupation
ELECTROPHYSIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
MM / DD / YYYY
12 / 16 / 2009

Transaction ID: 4840A70D7DC551778938

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional) ► **906.66**

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 34 / 50
(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) Cezar S. Staniloae, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 11 / 2009
Mailing Address Division of Cardiology 153 W 11th Street		Transaction ID: 7101FB8C5FE5E309C60
City New York	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer New York Medical College @ St Vincents		Occupation INTERVENTIONAL 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) Elliott M. Stein, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 211 Mountain Avenue		Transaction ID: 55AB1FC21F95B9FAD92
City Springfield	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Associates in Cardiovascu- lar Disease.		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) Michael J. Stein, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 09 / 2009
Mailing Address 500 University Boulevard Suite 208		Transaction ID: 3826415A5201093DF69
City Jupiter	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Cardiovascular Medical As- sociates of		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)	▶	1230.00
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 / 50
	<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) Eric H. Stocker, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 4411 Medical Drive Suite 300	Transaction ID: 2D641058E0BD34038BF
	City State Zip Code San Antonio TX 78229-3824	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) John S. Strobel, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 2711 Silver Creek Drive	Transaction ID: 3AB5B9310478FE29278
	City State Zip Code Bloomington IN 47401-4582	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 ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Sally G. Tamayo, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 1108 Lauderdale Drive	Transaction ID: FD7BFA3AF5422F95AEC
	City State Zip Code Chesapeake VA 23322-6909	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	

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: (check only one)	PAGE 36 / 50
	<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) Todd G. Tolbert, M.D.	Date of Receipt MM / DD / YYYY 12 / 08 / 2009
	Mailing Address 210 Heady Drive	Transaction ID: 407E9F4974662B61CE76
	City State Zip Code Nashville TN 37205-4416	Amount of Each Receipt this Period 150.00
	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 ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Anatole D. Trakhtenbrot, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 11731 Elmscourt	Transaction ID: F67F457E5FBCECE38010
	City State Zip Code San Antonio TX 78230-2758	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Neil W. Trask, III, M.D.,	Date of Receipt MM / DD / YYYY 12 / 21 / 2009
	Mailing Address 9310 Cove Drive	Transaction ID: ABD744AE81FF010814B
	City State Zip Code Myrtle Beach SC 29572-5000	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Cardiology Gastroenterology Assocs PA Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	900.00
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 37 / 50
	<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 C. Turner, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 09 / 2009
	Mailing Address 5140 Highway 397	Transaction ID: 408095B4727DE2CDDFF5
	City State Zip Code Bell City LA 70630-3105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cardiovascular Specialists of Southwes		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00

B.	Full Name (Last, First, Middle Initial) Paul L. Urban, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 29 / 2009
	Mailing Address 2875 Southwest 53rd Street	Transaction ID: 4215BFE0285BBBBC9574
	City State Zip Code Ocala FL 34471-9538	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Ocala Interventional CardiologyORMC Ca		Occupation INTERVENTIONAL CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 924.00

C.	Full Name (Last, First, Middle Initial) C. Michael Valentine, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 03 / 2009
	Mailing Address 1487 Langhorne Road 2410 Atherholt Road	Transaction ID: 4E0EAF3D2841F05F4643
	City State Zip Code Lynchburg VA 24503	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
Name of Employer The Cardiovascular Group Centra/Stroob		Occupation ADULT CARDIOLOGY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1001.00

SUBTOTAL of Receipts This Page (optional)	275.00
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 38 / 50

(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)
Krishnaswami Vijayaraghavan, M.B.B.S.,

Mailing Address 2817 E Ludlow Drive

City State Zip Code
Phoenix AZ 85032-5665

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

Name of Employer Occupation
Self-Employed ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 520.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 9

Transaction ID: 4EDE95CADC2BE5FF9C36

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)
Juan Villafane, M.D., F.A.

Mailing Address 1400 Willow Avenue
1205

City State Zip Code
Louisville KY 40204-2518

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

Name of Employer Occupation
Children's Heart Specialists, PSC PEDIATRICS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 750.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 9 / 2 0 0 9

Transaction ID: 4BF8A41A64ECD9208BF9

Amount of Each Receipt this Period

83.34

C.

Full Name (Last, First, Middle Initial)
Thad F. Waites, M.D., F.A.

Mailing Address 1017 Richburg Road

City State Zip Code
Hattiesburg MS 39402-9055

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

Name of Employer Occupation
Southern Heart Center ADULT CARDIOLOGY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1051.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: 499283017088008226ED

Amount of Each Receipt this Period

91.00

SUBTOTAL of Receipts This Page (optional)

258.34

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 39 / 50
	<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) Howard T. Walpole, Jr., M.D.,		Date of Receipt
	Mailing Address 31 Northumberland		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Nashville	TN	37215-4123
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Saint Thomas Health Services		Occupation INTERVENTIONAL CARDIOLOGY	Transaction ID: 44EFB5AB3C7FE52CFBB5
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.05"/>	
		Amount of Each Receipt this Period	<input type="text" value="454.55"/>
		Refund of \$0.05 Processed in Jan-10	

B.	Full Name (Last, First, Middle Initial) Mary Norine Walsh, M.D., F.A.		Date of Receipt
	Mailing Address 428 West 83rd Place		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Indianapolis	IN	46260-4905
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer The Care Group LLC		Occupation HEART FAILURE/TRANSPLANT	Transaction ID: 4C2CBFE063E802A9C425
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="1300.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="100.00"/>

C.	Full Name (Last, First, Middle Initial) Vance J. Weber, M.D., F.A.		Date of Receipt
	Mailing Address 211 Mountain Avenue		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Springfield	NJ	07081-2221
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Associates in Cardiovascular Disease.		Occupation ADULT CARDIOLOGY	Transaction ID: C38FAE07688E003FF2B
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1054.55"/>
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 40 / 50
(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 C. Wesley, Jr., M.D.,

Mailing Address 2675 Windmill Parkway 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 ▼ 756.00

Date of Receipt 12 / 09 / 2009

Transaction ID: 412C9C9A20072BC89BD9

Amount of Each Receipt this Period 84.00

B. Full Name (Last, First, Middle Initial)
Steven R. West, M.D., F.A.

Mailing Address 2055 Thomasville Road Apt. B304

City Tallahassee State FL Zip Code 32308-0795

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

Name of Employer Capital Regional Medical Center (Colum Occupation ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 19 / 2009

Transaction ID: 465F9DDE451C11D99604

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Thomas E. Wheeler, III, M.D.,

Mailing Address 3 Old Cobblestone Court

City Fredericksburg State VA Zip Code 22407-2403

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

Name of Employer Self-Employed Occupation INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt 12 / 11 / 2009

Transaction ID: A6A51BAB191F6B60D6F

Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional) ► **549.00**

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 41 / 50
	<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) Pierre A. Wicker, M.D.		Date of Receipt MM / DD / YYYY 12 / 06 / 2009		
	Mailing Address 30 High Street		Transaction ID: 470D8F505F808CDACFCA		
	City Mystic	State CT	Zip Code 06355-2402	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Pfizer Central Research		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 400.00					

B.	Full Name (Last, First, Middle Initial) Michael C. Widmer, M.D., F.A.		Date of Receipt MM / DD / YYYY 12 / 03 / 2009		
	Mailing Address 2753 Northeast Red Oak Drive		Transaction ID: 45B6845125297B7C3DD9		
	City Bend	State OR	Zip Code 97701-8348	Amount of Each Receipt this Period 91.00	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer Heart Center Cardiology		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 1251.00					

C.	Full Name (Last, First, Middle Initial) Michael J. Wolk, M.D., M.A.		Date of Receipt MM / DD / YYYY 12 / 07 / 2009		
	Mailing Address 876 Park Avenue		Transaction ID: 419ABC5DD2FDB9F1B1BC		
	City New York	State NY	Zip Code 10075-1843	Amount of Each Receipt this Period 83.34	
	FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Name of Employer New York Cardiology Associates		Occupation ADULT CARDIOLOGY			
Aggregate Year-to-Date ▼ 916.73					

SUBTOTAL of Receipts This Page (optional)	224.34
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 42 / 50
	<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 12 / 03 / 2009
	Mailing Address 1038 South Carmelina Avenue	Transaction ID: 4C21AF1FB9AAF8A644B2
	City State Zip Code Los Angeles CA 90049	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pacific Heart Institute	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) Shahram Yazdani, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 11 / 2009
	Mailing Address 878 Alvermar Ridge Drive	Transaction ID: 47549EAD70EC597E4DD3
	City State Zip Code McLean VA 22102-1435	Amount of Each Receipt this Period 84.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Virginia Cardiovascular Associates, PC	Occupation ADULT CARDIOLOGY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 924.00	

C.	Full Name (Last, First, Middle Initial) Don B. Ziperman, M.D., F.A.	Date of Receipt MM / DD / YYYY 12 / 04 / 2009
	Mailing Address 8635 Vintner court	Transaction ID: 5B4B6D14-6CD3-4589-
	City State Zip Code Indianapolis IN 46256	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 ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	1284.00
TOTAL This Period (last page this line number only)	29943.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 50
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) American College of Cardiology - Admin Account		Date of Receipt
	Mailing Address P.O. Box 85024		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Richmond	VA	23285-5024
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
	Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="15178.31"/>	Transaction ID: DCC8F18283CDF4F3B26 Amount of Each Receipt this Period <input type="text" value="677.49"/> Reimburse for November Amex and December Merchant Fees

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="677.49"/>
TOTAL This Period (last page this line number only)	<input type="text" value="677.49"/>

**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

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address PO Box 53852 <hr/> City Phoenix State AZ Zip Code 85072-3852 <hr/> Purpose of Disbursement December Amex Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: V60E635940D53B7F7099 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 107.96
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Wachovia Bank <hr/> Mailing Address C/O Nova Information Systems 7300 Chapman Hwy <hr/> City Knoxville State TN Zip Code 37920 <hr/> Purpose of Disbursement December Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: M4C4CD632B95D94228C6 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 554.13
	Category/ Type 001
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

662.09

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

662.09

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) AMERIPAC: The Fund for a Greater America <hr/> Mailing Address 607 14th Street, NW, Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name AMERIPAC: The Fund for a Greater America Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Contribution 	Transaction ID: D66C6E3F89C6D011660 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Contribution
B. Full Name (Last, First, Middle Initial) Castle Campaign Fund <hr/> Mailing Address PO Box 133 <hr/> City Wilmington State DE Zip Code 19899 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Michael N. Castle Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:	Transaction ID: D6C73F10867A6F88D8C Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 5000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: DE District:
C. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy <hr/> Mailing Address PO Box 127 <hr/> City Cheshire State CT Zip Code 06410 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Christopher S. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 05	Transaction ID: 98C29A2ED8077DDCE82 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 05

SUBTOTAL of Disbursements This Page (optional) ▶

12000.00

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) Coulson for Congress <hr/> Mailing Address PO Box 2354 <hr/> City State Zip Code Glenview IL 60025 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Elizabeth Coulson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9F233C5CE932652EE8 Date of Disbursement 12 / 22 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00	
	B. Full Name (Last, First, Middle Initial) DOC PAC <hr/> Mailing Address 264 N. Lumpkin Street, #202 <hr/> City State Zip Code Athens GA 30601 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name DOC PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 1B134887172CD1469D0 Date of Disbursement 12 / 16 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00
	C. Full Name (Last, First, Middle Initial) Freedom Project, The <hr/> Mailing Address 631-B Pennsylvania Ave., SE Basement Unit <hr/> City State Zip Code Washington DC 20003 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Freedom Project, The <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 67F1674B3637FD258AD Date of Disbursement 12 / 09 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional)	▶	11000.00
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 Carolyn McCarthy Mailing Address 151 Linden Road City Mineola State NY Zip Code 11501 Purpose of Disbursement 2010 Primary Candidate Name Carolyn McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: FCD940D879CB5527F3F Date of Disbursement 12 / 16 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Friends of Ginny Brown-Waite Mailing Address PO Box 865 City Brooksville State FL Zip Code 34605 Purpose of Disbursement 2010 Primary Candidate Name Virginia Brown-Waite Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 1FCB35463553F1EB7AD Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 2500.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Friends of Glenn Nye Mailing Address PO Box 68444 City Virginia Beach State VA Zip Code 23471 Purpose of Disbursement 2010 General Candidate Name Glenn C. Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D79901C1F829164A56D Date of Disbursement 12 / 09 / 2009 Amount of Each Disbursement this Period 5000.00 011 Category/ Type

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) 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 Primary</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: FD8B20CA7D456820AF8</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) LaTourette for Congress Committee</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement 2010 Primary</p> <p>Candidate Name Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 14</p>	<p>Transaction ID: 604DE9DEF5A78793F67</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Leadership Empowerment and Development Political Action Committee (LEAD PAC)</p> <p>Mailing Address PO Box 12073</p> <p>City San Antonio State TX Zip Code 78212</p> <p>Purpose of Disbursement 2009 Contribution</p> <p>Candidate Name Leadership Empowerment and Development Political Action Committee (LEAD PAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: A41F43282DEBFF3DA1A</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Mission PAC <hr/> Mailing Address 1831 Bay St SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Mission PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: A116F02A996786E8E33 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution
B. Full Name (Last, First, Middle Initial) Rogers for Congress <hr/> Mailing Address PO Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement 2010 Primary Candidate Name Mike Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 53726500CF9C60B2D69 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 9 / 2 0 0 9
	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) ▼ Contribution
C. Full Name (Last, First, Middle Initial) Shore PAC <hr/> Mailing Address PO Box 3157 <hr/> City Long Branch State NJ Zip Code 07740 <hr/> Purpose of Disbursement 2009 Contribution Candidate Name Shore PAC <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution	Transaction ID: 3D776F9EA6428898E6B Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 / 50

<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)

SKIPAC

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
2009 Contribution

Candidate Name
SKIPAC

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Contribution

Transaction ID: B45B48977D972F21148

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

54000.00