

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2400 N St NW Washington DC 20037-1153 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) [X] Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 09 01 2016 through 09 30 2016

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

Signature of Treasurer Davids, Carlton, G., , [Electronically Filed] Date 10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

American College of Cardiology Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="71594.39"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39520.42"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50427.27"/>	<input type="text" value="299456.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="89947.69"/>	<input type="text" value="371051.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67448.04"/>	<input type="text" value="348551.71"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22499.65"/>	<input type="text" value="22499.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period: From: 09 / 01 / 2016 To: 09 / 30 / 2016

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).....	44793.42	247708.54
(ii) Unitemized	4972.51	38012.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	49765.93	285720.60
(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)	49765.93	285720.60
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).....	661.34	8736.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	50427.27	299456.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50427.27	299456.97

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	948.04	9301.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	948.04	9301.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66500.00	339000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	250.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	67448.04	348551.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67448.04	348551.71

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	49765.93	285720.60
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	49765.93	285470.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	948.04	9301.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	661.34	8736.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	286.70	565.34

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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. Aguilar, Oscar, M., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Rim Rd
 Ste 300
 City El Paso State TX Zip Code 79902-3669
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) El PAso Heart Center Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 760E5AE6EC01E0ED8DD
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Alexander, Jay, H., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2151 Waukegan Rd
 Ste 100
 City Bannockburn State IL Zip Code 60015-1885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Shore Cardiologists, SC Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 4BDAAB8DA374F8B0F544
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Allred, James, D., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7744 Chesterbrooke Dr
 City Greensboro State NC Zip Code 27455-3055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cone Health Medical Group Heartcare Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 9D08F66AA4C27196082
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 59
<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. Aranda, Juan, M., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 356 Turkey Crk
 City Alachua State FL Zip Code 32615-9367
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Shands at the University of Florida Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 5BD193A906A9D9014FF
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Assi, Nizar, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10012 Kennerly Rd Ste 301
 City Saint Louis State MO Zip Code 63128-2197
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Gateway Cardiology, PC Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.78

Date of Receipt 09 / 25 / 2016
Transaction ID : 496CA3177C221F85180C
 Amount of Each Receipt this Period 30.42
 Memo Item

C. Avendano, Graciano, F., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Deputy Minister Dr
 City Colts Neck State NJ Zip Code 07722-1830
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Interventionalists of C Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2016
Transaction ID : 4B5B2F21B930B8DC535
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1280.42
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 59
	<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. Bello, Natalie, Ann, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 250 W 50th St
 Apt 26D
 City New York State NY Zip Code 10019-6726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 8674E9EE78228F226C0
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Bhatt, Ami, B., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Goodnough Rd
 City Chestnut Hill State MA Zip Code 02467-3140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Massachusetts General Hospital Occupation (for Individual) ADULT CONGENITAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : A992E4BE76D3468DFBA
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Bhatt, Deepak, L., , MPH, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1682 Commonwealth Ave
 City Newton State MA Zip Code 02465-2821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brigham and Women's Hospital, Heart & Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2016
Transaction ID : 572F011B-C45C-4E1F-
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 59
<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. Bove, Alfred, A., , PHD, MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Anton Rd
 City Wynnewood State PA Zip Code 19096-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 4E098E0D4949C80830F1
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Bove, Alfred, A., , PHD, MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Anton Rd
 City Wynnewood State PA Zip Code 19096-1226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 4927AD31414F1E796666
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Bove, Alfred, A., , PHD, MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3401 N Broad St
 Parkinson Pavilion Suite 920
 City Philadelphia State PA Zip Code 19140-5103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Temple University Hospital Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 444CAEA191E3E8B21252
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Brin, Kenneth, P., , PHD,MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7006 Roaring Fork Trl
 City Boulder State CO Zip Code 80301-3635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advocate Medical Group Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 2F29B5DB294EB64EBA9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Brown, Marcus, L., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1460 Portmarnock Dr
 City Alpharetta State GA Zip Code 30005-6967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : BCA00AC04E442A85B67
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Bullock-Palmer, Renee, , , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 Trenton Rd
 City Browns Mills State NJ Zip Code 08015-1705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deborah Heart & Lung Hospital Center Occupation (for Individual) ECHOCARDIOGRAPHY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 11 / 2016
Transaction ID : 7385DFCC-BBB3-46F4-
 Amount of Each Receipt this Period 250.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 59
<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. Chaille, Peter, J., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 427 Chestnut Forest Cv

City Fort Wayne	State IN	Zip Code 46814-8926
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Parkview Physicians Group, Cardiology	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : 4B7CB459012F9EC7B7E1

Amount of Each Receipt this Period
41.66

Memo Item

B. Chastain, Hollace, D., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4470 Brook Hollow Dr

City Fort Wayne	State IN	Zip Code 46814-9742
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Fort Wayne Cardiology	Occupation (for Individual) ADULT CARDIOLOGY
------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2016

Transaction ID : 4417BA167BA73DA5BD00

Amount of Each Receipt this Period
100.00

Memo Item

c. Clardy, David, J., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1349 Elm Cir N

City Fargo	State ND	Zip Code 58102-2749
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Meritcare Medical Center	Occupation (for Individual) ADULT CARDIOLOGY
---------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 887E1064B084A06205D

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.66
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 12 OF 59
<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. Clark, Bernard, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 95 Johnny Cake Ln
 City Glastonbury State CT Zip Code 06033-2545
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Francis Hospital and Medical Cente Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 419B9A135AE810335B1C
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Clay, Anthony, , , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Red Clay Dr
 City Kennett Square State PA Zip Code 19348-2683
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 89AD873E8A1560273FA
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Crossley, George, H., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 276 Stratton Pl
 City Brentwood State TN Zip Code 37027-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vanderbilt University Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 44E3B1036F3D2BFEA9BD
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 OF 59
	<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. Defehr, Stanley, P., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3140 SE Bison Rd
 City Bartlesville State OK Zip Code 74006-7647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Blue Stem Cardiology Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 1B16D54A0F1D9137D4F
 Amount of Each Receipt this Period 1250.00
 Memo Item

B. Del Rio Santiago, Valentin, Jose, , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 Calle De Diego Apt. 21
 City San Juan State PR Zip Code 00923-3101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 23CA2A8B47D71F679A0
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Dewhurst, Timothy, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4819 18th Ave SW
 City Seattle State WA Zip Code 98106-1548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Group Health Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 03 / 2016
Transaction ID : 41C8AB979471BF54964E
 Amount of Each Receipt this Period 100.00
 Memo Item

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 14 OF 59
	<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. Domanski, Damian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1775
 City Prestonsburg State KY Zip Code 41653-5775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kentucky Cardiology Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 9BFE4759AE98D5E0DA9
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Doster, Kristin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 102 Winter Park Dr
 City Chatham State IL Zip Code 62629-9627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Prairie Cardiovascular Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 13B6297B27A2FDA8CC3
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Dragstedt, Carl, , , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15138 NW 13th Pl
 City Newberry State FL Zip Code 32669-2807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Florida/South Georgia VA Health Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C/
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 88211320B87295958BF
 Amount of Each Receipt this Period 250.00
 Memo Item

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 59
	<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. Duvernoy, Claire, S., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 641 Geddes Ridge Ave
 City Ann Arbor State MI Zip Code 48104-2717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Michigan Health System Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 4B879FA5A6719394FA5
 Amount of Each Receipt this Period 150.00
 Memo Item

B. Elsner, Gregory, B., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19700 Moontown Rd
 City Noblesville State IN Zip Code 46062-8214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 13A1D43CF841146C3A9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Erb, Blair, D., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 905 Highland Blvd Ste 4330
 City Bozeman State MT Zip Code 59715-6901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bozeman Deaconess Cardiology Consultan Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1666.72

Date of Receipt 09 / 13 / 2016
Transaction ID : 4632A744EFE21A75F5FD
 Amount of Each Receipt this Period 208.34
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	608.34
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 16 OF 59
<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. Evans, David, M., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 Ashlei Ln

City Searcy	State AR	Zip Code 72143-3024
----------------	-------------	------------------------

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

Name of Employer (for Individual) Heart Clinic Arkansas	Occupation (for Individual) ADULT CARDIOLOGY
------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

Transaction ID : 481AAB55A77636D6F1A8

Amount of Each Receipt this Period
100.00

Memo Item

B. Feldman, Dmitriy, N., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1161 York Ave
Apt 6C

City New York	State NY	Zip Code 10065-7972
------------------	-------------	------------------------

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

Name of Employer (for Individual) NY-Weill Cornell HospitalDepartment of	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
-----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 46CB14EA052A5A36B60

Amount of Each Receipt this Period
250.00

Memo Item

C. Fry, Edward, T. A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 160 E 71st St

City Indianapolis	State IN	Zip Code 46220-1012
----------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Vincent Medical Group	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
----------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : 47429C2E00A9B4ADB138

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	433.33
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 OF 59
	<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. Giesler, Caitlin, McAneny, , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4702 Timberline Dr

City Austin	State TX	Zip Code 78746-5629
----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2016

Transaction ID : 62E397DD-D521-4E5B-

Amount of Each Receipt this Period
250.00

Memo Item

B. Gillam, Linda, D., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Talmage Rd

City Mendham	State NJ	Zip Code 07945-1500
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Morristown Medical Center	Occupation (for Individual) ECHOCARDIOGRAPHY
----------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 0304E3759302370E3C8

Amount of Each Receipt this Period
1000.00

Memo Item

C. Gilson, Michael, F., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Prospect St

City Providence	State RI	Zip Code 02906-1446
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2016

Transaction ID : 40CA8D1A4CB74A2FAD83

Amount of Each Receipt this Period
100.00

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 59
<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. Gogo, Prospero, B., , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Colchester Ave
McClure1Cardiology

City Burlington	State VT	Zip Code 05401-1473
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Interventional-Univ. of Vermont/Fletch	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
-----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 4A71B4A657367C108AD8

Amount of Each Receipt this Period
83.30

Memo Item

B. Gogo, Prospero, B., , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 111 Colchester Ave
McClure1Cardiology

City Burlington	State VT	Zip Code 05401-1473
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Interventional-Univ. of Vermont/Fletch	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
-----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 455301BB7E4412A12F1

Amount of Each Receipt this Period
250.00

Memo Item

C. Goldberg, Lee, R., , MPH, FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11-171 South Tower
Perelman Center for Advanced Medic

City Philadelphia	State PA	Zip Code 19104-4206
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Hospital of the University of Pennsylv	Occupation (for Individual) HEART FAILURE/TRANSPLANT
-----------------------------------------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

Transaction ID : 990E8548-C83D-41E0-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 59
	<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. Goree, Allen, L., , CMPE
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4307 Watertown Pl

City Columbia	State MO	Zip Code 65203-6062
------------------	-------------	------------------------

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

Name of Employer (for Individual) Missouri Heart Center	Occupation (for Individual) Chief Executive Officer
------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 2D8ABE77B8CDABA0464

Amount of Each Receipt this Period
250.00

Memo Item

B. Green, Jacqueline, L., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1500 E Medical Center Dr

City Ann Arbor	State MI	Zip Code 48109-5000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Michigan Health Systems	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : D1F2806D27A064991CD

Amount of Each Receipt this Period
50.00

Memo Item

c. Grover, Frederick, L., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3000 E Cedar Ave
Unit 10

City Denver	State CO	Zip Code 80209-3200
----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Colorado	Occupation (for Individual) CARDIAC SURGERY
-------------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 71C1037D8F87BD44343

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 20 OF 59
	<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. Gulati, Martha, , MS, FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3233 E San Miguel Pl

City Paradise Valley	State AZ	Zip Code 85253-7511
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Arizona	Occupation (for Individual) PREVENTIVE CARDIOLOGY
------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 9B2412D05561DB9A97B

Amount of Each Receipt this Period
250.00

Memo Item

B. Gupta, Anuj, , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 William St

City Baltimore	State MD	Zip Code 21230-4545
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of Maryland School of Medic	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
-----------------------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.13

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

Transaction ID : 4C0FA66FEEFFED9F86289

Amount of Each Receipt this Period
41.83

Memo Item

C. Gupta, Rakesh, P., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9033 Springfield Blvd
FI 2

City Queens Village	State NY	Zip Code 11428-1352
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C/
----------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : F0E63656972DF3BE0D0

Amount of Each Receipt this Period
249.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	540.83
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 21 OF 59
	<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. Haffey, Thomas, A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9141 Grant St
Ste 140

City Thornton State CO Zip Code 80229-4367

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.12

Date of Receipt 09 / 01 / 2016
Transaction ID : 444ABF5ECB89EFD68A1F

Amount of Each Receipt this Period 83.34

Memo Item

B. Haffey, Thomas, A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10933 Meade Ct

City Westminster State CO Zip Code 80031-2124

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.12

Date of Receipt 09 / 07 / 2016
Transaction ID : 44C9AB1084447D16641A

Amount of Each Receipt this Period 83.34

Memo Item

c. Harold, John, Gordon, , MACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2473 Jupiter Dr

City Los Angeles State CA Zip Code 90046-1752

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

Name of Employer (for Individual) Cedars-Sinai Medical Center Occupation (for Individual) ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 1458.38

Date of Receipt 09 / 08 / 2016
Transaction ID : 4D59A2ECA4E674D95CBD

Amount of Each Receipt this Period 208.34

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 375.02

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 22 OF 59
<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. Harrington, Robert, A., , MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Vista Verde Way
 City Portola Valley State CA Zip Code 94028-8142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Stanford University ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 7606635EA002CB00B21
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Humiston, Daniel, J., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2132 N 1700 W Ste 200
 City Layton State UT Zip Code 84041-7060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Utah Cardiology, PC ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 09 / 15 / 2016
Transaction ID : 48B49D2BAAB9115D29DF
 Amount of Each Receipt this Period 208.33
 Memo Item

c. Ibrahim, Osama, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2730 W Lake St Apt 407
 City Minneapolis State MN Zip Code 55416-4467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 North Memorial Heart and Vascular Inst INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : CD98D779EFF6E706271
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	708.33
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 23 OF 59
	<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. Iwaoka, Robert, S., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7342 Governors Hill Ln
 City Charlotte State NC Zip Code 28211-5016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 71504BE239BC5B1FE67
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Jacob, Saji, C., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5116 Lake Crest Cir
 City Hoover State AL Zip Code 35226-5027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Associates of the South Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 04 / 2016
Transaction ID : 4B7092BF12CFCB762144
 Amount of Each Receipt this Period 25.00
 Memo Item

c. Jenkins, Kathy, J., , MPH, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 Longwood Ave
 City Boston State MA Zip Code 02115-5724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Childrens Hospital Boston Occupation (for Individual) PEDIATRIC CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2016
Transaction ID : D80EB461A81E603299B
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	525.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Joyner, Sarah, , , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1529 E Bay Shore Dr

City Virginia Beach	State VA	Zip Code 23451-3762
------------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
----------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 10899AAE7643D1D154E

Amount of Each Receipt this Period
150.00

Memo Item

B. Kalvaitis, Saulius, , , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7745 Kingsbury Blvd
Apt 3L

City Clayton	State MO	Zip Code 63105-3848
-----------------	-------------	------------------------

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

Name of Employer (for Individual) St. Louis Heart and Vascular P.C.	Occupation (for Individual) ELECTROPHYSIOLOGY
------------------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 8844D06DB9AC9DBC16B

Amount of Each Receipt this Period
250.00

Memo Item

C. Kason, Thomas, , , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 123 S Adams St

City Hinsdale	State IL	Zip Code 60521-3134
------------------	-------------	------------------------

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

Name of Employer (for Individual) Heart Care Centers of Illinois	Occupation (for Individual) ADULT CARDIOLOGY
---------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		24		2016

Transaction ID : 619B5994-FEE4-483B-

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 59
	<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. Kates, Andrew, M., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 660 S Euclid Ave # 8086
 City Saint Louis State MO Zip Code 63110-1010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Washington University School of Medici Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 94A0B3688682CDFC330
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Katholi, Richard, E., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1989 Outer Park Dr
 City Springfield State IL Zip Code 62704-3387
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 7110EB3B5140B30AF83
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Kenigsberg, David, N., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3340 SW 59th St
 City Fort Lauderdale State FL Zip Code 33312-6370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Florida Heart Rhythm Specialists, PLLC Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 7BDC5C3E8355B9BF1A6
 Amount of Each Receipt this Period 1000.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 59
<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. Kennett, Jerry, D., , MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4614 Copperstone Ct
 City Columbia State MO Zip Code 65203-1696
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Missouri Cardiovascular Specialists Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : EABEBEA26730415C99D
 Amount of Each Receipt this Period 1500.00
 Memo Item

B. Konstam, Marvin, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Washington St
 City Boston State MA Zip Code 02111-1552
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tufts Medical Center Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 0C482722E3877201EAE
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Kornberg, Steven, E., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 155 Medical Center Way FI 2
 City Somers Point State NJ Zip Code 08244-2306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Cardiology Somers Point Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 18 / 2016
Transaction ID : 46BE9394D06B4AF6E80E
 Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2541.66
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 27 OF 59
	<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. Kort, Smadar, , , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 65 Mimosa Dr

City Roslyn	State NY	Zip Code 11576-2215
----------------	-------------	------------------------

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

Name of Employer (for Individual) Stony Brook University Medical Center	Occupation (for Individual) ECHOCARDIOGRAPHY
----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2016

Transaction ID : 477F8FE01F98BFDC98C

Amount of Each Receipt this Period
83.34

Memo Item

B. Krishnan, Sandeep, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 607 E Harrison St
Apt 201

City Seattle	State WA	Zip Code 98102-5330
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Washington	Occupation (for Individual) ADULT CARDIOLOGY
---------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 8FA6C4C9E29F6D920EE

Amount of Each Receipt this Period
200.00

Memo Item

C. Learn, Christopher, , , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1418 Race St
Unit 1

City Cincinnati	State OH	Zip Code 45202-7050
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cincinnati Children's Medical Center	Occupation (for Individual) ADULT CONGENITAL CARDIOLOGY
---------------------------------------------------------------------------	------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Transaction ID : 4BD2ACA5D41D2C6538E0

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	308.34
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 28 OF 59
	<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. Leidig, Gilbert, A., , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1 Centurian Dr
Ste 200

City Newark State DE Zip Code 19713-2150

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

Name of Employer (for Individual) Cardiology Physicians, P.A.Abby Medica Occupation (for Individual) INTERVENTIONAL CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 26 / 2016

Transaction ID : 4D15ACCC18863BA2D444

Amount of Each Receipt this Period 25.00

Memo Item

B. Lepor, Norman, E., , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 99 N La Cienega Blvd
Ste 203

City Beverly Hills State CA Zip Code 90211-2285

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

Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 28 / 2016

Transaction ID : 4F65905F439A37A2C0AD

Amount of Each Receipt this Period 83.34

Memo Item

C. Leung, Steve, , , FACC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3749 Horsemint Trl

City Lexington State KY Zip Code 40509-2947

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

Name of Employer (for Individual) University of Kentucky Occupation (for Individual) ADULT CARDIOLOGY

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 02 / 2016

Transaction ID : 4BC49E9F620CC0BB6976

Amount of Each Receipt this Period 83.34

Memo Item

SUBTOTAL of Receipts This Page (optional).....	191.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 59
<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. Lewandowski, Thomas, J., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 Limekiln Dr
 City Neenah State WI Zip Code 54956-4213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Appleton Cardiology ThedaCare Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 09 / 08 / 2016
Transaction ID : 4831AB6D35B12005AA87
 Amount of Each Receipt this Period 105.00
 Memo Item

B. Lewis, Sandra, J., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5342 SW Hewett Blvd
 City Portland State OR Zip Code 97221-2254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NW Cardiovascular Institute Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2583.34

Date of Receipt 09 / 22 / 2016
Transaction ID : CA6FED68123F06654B9
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Lohr, Nicole, L., , PhD, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8701 W Watertown Plank Rd
 City Milwaukee State WI Zip Code 53226-3548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Wisconsin Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C/
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : E8B1867922A1BD7651D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1855.00
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 30 OF 59
	<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. Lundberg, Gina, Price, , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1444 Waterford Green Dr

City Marietta	State GA	Zip Code 30068-2925
------------------	-------------	------------------------

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

Name of Employer (for Individual) Emory Heart and Vascular Institute	Occupation (for Individual) PREVENTIVE CARDIOLOGY
-------------------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 753E496687E8BF5ACE5

Amount of Each Receipt this Period
150.00

Memo Item

B. Lutz, Jerre, F., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4627 Shiloh Ridge Trl

City Snellville	State GA	Zip Code 30039-8572
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Emory University School of MedicineDep	Occupation (for Individual) ADULT CARDIOLOGY
-----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : 60290286D5E8E8C35E5

Amount of Each Receipt this Period
1000.00

Memo Item

C. Mack, Michael, J., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Allied Dr
Ste 310

City Plano	State TX	Zip Code 75093-5348
---------------	-------------	------------------------

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

Name of Employer (for Individual) The Heart Hospital Baylor Plano	Occupation (for Individual) CARDIAC SURGERY
----------------------------------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		10		2016

Transaction ID : 6DAFF886-AFD8-4639-

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 59
	<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. Mankad, Sunil, V., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 200 1st St SW
 Gonda 5 South Room 5-209
 City Rochester State MN Zip Code 55905-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mayo Clinic Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 12 / 2016
Transaction ID : 4F5D8D7E69D980D7CB51
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Marine, Joseph, Edward, , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12205 Happy Hollow Rd
 City Cockeysville State MD Zip Code 21030-1738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Johns Hopkins University School of Med Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 7BDC7DA8EF6FE9B0727
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Matican, Jeffrey, S., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 257 Engle St
 City Tenafly State NJ Zip Code 07670-2138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 376DE3EEF406BBE9517
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.33
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 32 OF 59
<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. Mehta, Laxmi, S., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5037 Canterbury Dr

City Powell	State OH	Zip Code 43065-8615
----------------	-------------	------------------------

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

Name of Employer (for Individual) Ohio State University	Occupation (for Individual) PREVENTIVE CARDIOLOGY
------------------------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.06**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2016

Transaction ID : 4876B88A737DB6C212E3

Amount of Each Receipt this Period

83.34

 Memo Item

B. Miller, Andrew, P., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3980 Colonnade Pkwy

City Birmingham	State AL	Zip Code 35243-2382
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Cardiovascular Associates	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
----------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 029AC941E9300B8DA5F

Amount of Each Receipt this Period

250.00

 Memo Item

c. Mishkel, David, C., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1599 NW 9th Ave
Ste 203

City Boca Raton	State FL	Zip Code 33486-1310
--------------------	-------------	------------------------

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

Name of Employer (for Individual) David C. Mishkel, MD, PA	Occupation (for Individual) ADULT CARDIOLOGY
---------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2016

Transaction ID : 46C5AA32F3857F9E27C5

Amount of Each Receipt this Period

20.00

 Memo Item

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 33 OF 59
<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. Mugmon, Marc, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7193 Collingwood Ct
 City Elkridge State MD Zip Code 21075-5548
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chesapeake CardioVascular Associates Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 09 / 15 / 2016
Transaction ID : 47ABA560E32F0E82C82B
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Murrow, Jonathan, R., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1199 Prince Ave FI 2
 City Athens State GA Zip Code 30606-2797
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Athens Regional Medical Center Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 8E7B1BC0F9EB7F67EA0
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Narula, Jagat, , , MD, PhD, M
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Gustave L Levy Pl # 1030
 City New York State NY Zip Code 10029-6504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Mount Sinai School of Medicine Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2016
Transaction ID : B15DA9BC-600D-4722-
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.34
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 34 OF 59
	<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. Otalvaro Orozco, Lynda, , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 298 Bundy Rd

City London	State KY	Zip Code 40744-8400
----------------	-------------	------------------------

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

Name of Employer (for Individual) Appalachian Regional Healthcare	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 753D0D20D4B599314B1

Amount of Each Receipt this Period
170.00

Memo Item

B. Overton, Naomi, A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 656 Harbor View Ln

City Petoskey	State MI	Zip Code 49770-8617
------------------	-------------	------------------------

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

Name of Employer (for Individual) Northern Michigan Hospital	Occupation (for Individual) ELECTROPHYSIOLOGY
-----------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : D27317F0AE4199E667B

Amount of Each Receipt this Period
500.00

Memo Item

C. Parker, James, P., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 198 Main St
Ste A

City Lewiston	State ME	Zip Code 04240-7074
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mainehealth Cardiology	Occupation (for Individual) ECHOCARDIOGRAPHY
-------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : 047B4FAD-3700-4BE4-

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	720.00
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 OF 59
<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. Pentz, William, H., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 230 W Washington Sq
 FI 3
 City Philadelphia State PA Zip Code 19106-3500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Penn Cardiology At Pennsylvania Hospit Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 810.00

Date of Receipt 09 / 01 / 2016
Transaction ID : 40C7BB4FB266A727DEFC
 Amount of Each Receipt this Period 90.00
 Memo Item

B. Pickrell, John, W., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 E 1st St
 City Casper State WY Zip Code 82601-2704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wyoming CardioPulmonary Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 765.00

Date of Receipt 09 / 18 / 2016
Transaction ID : 4B1AB31B3A39C4770DB9
 Amount of Each Receipt this Period 85.00
 Memo Item

c. Pinto, Duane, S., , MPH, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 368 Winchester St
 City Newton State MA Zip Code 02461-2035
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beth Israel Deaconess Medical Center Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C/
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C2FB52E50C1E75312BE
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	425.00
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 OF 59
	<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. Powers, James, B., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Bowdoin Dr
 City Falmouth State ME Zip Code 04105-2557
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 MMP Maine Health Cardiology ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 28 / 2016
Transaction ID : 43B1AEDB14EB02F88047
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Raghveer, Geetha, , , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5354 Mission Woods Rd
 City Shawnee Mission State KS Zip Code 66205-2008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Children's Mercy Hospital PEDIATRIC CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1708.34

Date of Receipt 09 / 12 / 2016
Transaction ID : 8500D8A6ABC71DECB80
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Resnick, Myron, E., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 723 Kincaid Mills Ln
 City Wallingford State PA Zip Code 19086-6785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self-Employed ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 89BBAD1A7EF48C022EC
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
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 OF 59
<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. Resnick, Myron, E., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 723 Kincaid Mills Ln
 City Wallingford State PA Zip Code 19086-6785
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2016
Transaction ID : C47C5017F80068362BF
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Rodgers, George, P., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2441 Westlake Dr
 City Austin State TX Zip Code 78746-2950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seton Heart Institute Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1086.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 4F989DEB45FCF702D8D7
 Amount of Each Receipt this Period 98.00
 Memo Item

c. Rothbard, Robert, L., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2000 Via Tuscany
 City Winter Park State FL Zip Code 32789-1558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiology Consultants Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 25 / 2016
Transaction ID : 4F36A2FA5D52D36FB874
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	223.00
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 38 OF 59
	<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. Rumsfeld, John, S., , PHD, FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 130 S Cherry St

City Denver	State CO	Zip Code 80246-1031
----------------	-------------	------------------------

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

Name of Employer (for Individual) American College of Cardiology	Occupation (for Individual) ADULT CARDIOLOGY
---------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
749.97

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : 4B76A64BA031C9099A49

Amount of Each Receipt this Period
83.33

Memo Item

B. Saidian, David, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 825 N Waco Ave

City Wichita	State KS	Zip Code 67203-3939
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Zepick Cardiology	Occupation (for Individual) ADULT CARDIOLOGY
--------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : B45521925C0844FD351

Amount of Each Receipt this Period
250.00

Memo Item

c. Schaeffer, John, W., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 161 Ridgeland Dr

City Amherst	State OH	Zip Code 44001-1727
-----------------	-------------	------------------------

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

Name of Employer (for Individual) North Ohio Heart Center	Occupation (for Individual) ADULT CARDIOLOGY
--------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : 9048926F9E765926673

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1333.33
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 39 OF 59
	<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. Schafer, Pascha, E., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1120 15th St
 # BBR6520A
 City Augusta State GA Zip Code 30912-0004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Georgia At Augusta Occupation (for Individual) CRITICAL CARE MEDICINE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 2A8A02A09C8624722F0
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Schroyer, Michael, K., , RN
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9065 Pebblepointe Cir
 City Zionsville State IN Zip Code 46077-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saint Vincent Heart Center of Indiana Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 666.72

Date of Receipt 09 / 22 / 2016
Transaction ID : 4CC6A18ED0D14199F8B8
 Amount of Each Receipt this Period 83.34
 Memo Item

c. Shaffer, Kenneth, M., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4314 Medical Pkwy
 Ste 200
 City Austin State TX Zip Code 78756-3332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Children's Cardiology Associates Occupation (for Individual) PEDIATRIC CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 4FD04AD276924ADCF82
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	583.34
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 59
<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. Shelton, Marc, E., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1133 W Woodland Ave

City Springfield	State IL	Zip Code 62704-2861
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Prairie Cardiovascular Consultants Ltd	Occupation (for Individual) ADULT CARDIOLOGY
-----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2016

Transaction ID : 4ECFAA8BEF3397A38F86

Amount of Each Receipt this Period
83.34

Memo Item

B. Sherman, M. Eugene, , , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5110 S Hanover Way

City Englewood	State CO	Zip Code 80111-6239
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Aurora Denver Cardiology	Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
---------------------------------------------------------------	----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 10A34DA7DF7F3D16D78

Amount of Each Receipt this Period
5000.00

Memo Item

C. Shor, Robert, A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11211 Bright Pond Ln

City Reston	State VA	Zip Code 20194-1039
----------------	-------------	------------------------

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

Name of Employer (for Individual) Virginia Heart	Occupation (for Individual) ADULT CARDIOLOGY
-----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : FE3A3259CDA4455AFDF

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5333.34
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 41 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Singh, Toniya, , , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13441 Mason Grove Ln

City Saint Louis	State MO	Zip Code 63131-1731
---------------------	-------------	------------------------

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

Name of Employer (for Individual) St. Louis Heart & Vascular, P.C.	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
-----------------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 0B3B65FC62C6CD5C461

Amount of Each Receipt this Period
500.00

Memo Item

B. Smalley, Stephen, J., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9828 51st St N

City Lake Elmo	State MN	Zip Code 55042-8587
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 3749C6C269F3F11BB0E

Amount of Each Receipt this Period
250.00

Memo Item

C. Smart, Frank, W., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 533 Bolivar St
Section of Cardiology, CsrB 3-42

City New Orleans	State LA	Zip Code 70112-1349
---------------------	-------------	------------------------

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

Name of Employer (for Individual) LSU Health Sciences Center	Occupation (for Individual) HEART FAILURE/TRANSPLANT
-----------------------------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 7CB388A794F432B241E

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 59
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Smyth, Susan, , , PHD, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1000 Wil Rose Ln
 City Versailles State KY Zip Code 40383-8816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Kentucky Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 26 / 2016
Transaction ID : A70DF251B7BB3CFE492
 Amount of Each Receipt this Period 550.00
 Memo Item

B. Snyder, Richard, W., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7777 Forest Ln Ste A341
 City Dallas State TX Zip Code 75230-2500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Heart Place Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2016
Transaction ID : 1E6ECB24-EDD2-4445-
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Soto, J. Raul, , , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Grants Lake Cir
 City Sugar Land State TX Zip Code 77479-1382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 12 / 2016
Transaction ID : 81CBB0E94310425045
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1800.00
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 43 OF 59
	<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. Springer, Michael, J., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 803 Towner Pl
 City Louisville State KY Zip Code 40223-2568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norton Cardiovascular Associates Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 25 / 2016
Transaction ID : 48C293C4538E9B3900D9
 Amount of Each Receipt this Period 41.66
 Memo Item

B. Stoletny, Liset, N., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 26134 Windsor Dr
 City Loma Linda State CA Zip Code 92354-4100
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Loma Linda University Medical Center Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : D65A0B386B40CEF7DB2
 Amount of Each Receipt this Period 1500.00
 Memo Item

C. Strobel, John, S., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3407 E Olcott Blvd
 City Bloomington State IN Zip Code 47401-2429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) IU Health SIP Occupation (for Individual) ELECTROPHYSIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 12 / 2016
Transaction ID : FA3F7001BE787445B0C
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1791.66
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 44 OF 59
	<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. Tallarico, Vincent, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1250 S Cedar Crest Blvd
Ste 300

City Allentown	State PA	Zip Code 18103-6381
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Heart & Vascular Center	Occupation (for Individual) ADULT CARDIOLOGY
--------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

Transaction ID : 363A3CADE4FCC43A9FB

Amount of Each Receipt this Period
300.00

Memo Item

B. Tecce, Marc, A., , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5 Great Woods Ln

City Malvern	State PA	Zip Code 19355-9697
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : B016BA01518ADE953CC

Amount of Each Receipt this Period
300.00

Memo Item

C. Teeters, John, Chad, , FACC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 46 Greythorne HI

City Pittsford	State NY	Zip Code 14534-2773
-------------------	-------------	------------------------

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

Name of Employer (for Individual) University of RochesterCardiology/Inte	Occupation (for Individual) ADULT CARDIOLOGY
-----------------------------------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
749.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		20		2016

Transaction ID : 42B586AE0E0CDAA474E0

Amount of Each Receipt this Period
83.33

Memo Item

SUBTOTAL of Receipts This Page (optional).....	683.33
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 45 OF 59
	<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. Teeters, John, Chad, , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Greythorne HI
 City Pittsford State NY Zip Code 14534-2773
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of RochesterCardiology/Inte Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 749.99

Date of Receipt 09 / 26 / 2016
Transaction ID : 605C04E11CDD9B1541E
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Thompson, Randall, C., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4545 Wornall Rd Apt 1010
 City Kansas City State MO Zip Code 64111-3257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) University of Missouri, Kansas City Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 6373C4219424B0E38DE
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Thornton, John, W., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Shadowbrook Cir
 City Augusta State GA Zip Code 30909-3712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medical College of Georgia Dept of Med Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 64B5F3706AA2D8931C9
 Amount of Each Receipt this Period 250.00
 Memo Item

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 46 OF 59
	<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. Toggart, Edward, J., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4465 NW Honeysuckle Dr
 City Corvallis State OR Zip Code 97330-3356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 516D4F732EE323341D5
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Torres, Ramon, M., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4638 Sun N Lake Blvd
 City Sebring State FL Zip Code 33872-2176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 3CA8B23970BB2070F1A
 Amount of Each Receipt this Period 250.00
 Memo Item

c. Tuohy, Edward, Robert, , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 84 Merry Meet Ctr
 City Fairfield State CT Zip Code 06824-7014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiac Specialists, P.C. Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 63E5324E622014E9DC8
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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 47 OF 59
	<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. Van Decker, William, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1051 Montgomery Ave

City Penn Valley	State PA	Zip Code 19072-1605
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) ADULT CARDIOLOGY
----------------------------------------------------	-------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : C80845CBE95529252C6

Amount of Each Receipt this Period
500.00

Memo Item

B. Vidovich, Mladen, I., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 840 S Wood St
Department of Cardiology, Ste 935

City Chicago	State IL	Zip Code 60612-4325
-----------------	-------------	------------------------

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

Name of Employer (for Individual) University of Illinois	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C
-------------------------------------------------------------	--------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : 287F5FED60B9A8EB486

Amount of Each Receipt this Period
250.00

Memo Item

c. Volgman, Annabelle, S., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1903 N Mohawk St

City Chicago	State IL	Zip Code 60614-5219
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Rush Heart Center for Women	Occupation (for Individual) CLINICAL CARDIOLOGY/GENERAL C/
------------------------------------------------------------------	---------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2016

Transaction ID : E9F885B7A98E927AF62

Amount of Each Receipt this Period
250.00

Memo Item

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 48 OF 59
<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. Walpole, Howard, T., , MBA, FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2581 Bridgewater Cir
 City Gainesville State GA Zip Code 30506-1857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northeast Georgia Health System Occupation (for Individual) INTERVENTIONAL CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1333.37

Date of Receipt 09 / 28 / 2016
Transaction ID : 482E81B5429E36D75B06
 Amount of Each Receipt this Period 83.34
 Memo Item

B. Walsh, Mary, Norine, , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 428 W 83rd Pl
 City Indianapolis State IN Zip Code 46260-4905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Vincent Heart Center of Indiana Occupation (for Individual) HEART FAILURE/TRANSPLANT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 29 / 2016
Transaction ID : 42B39E4C5F53770CD6FB
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Watt, Bruce, A., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 221 E 21st St
 City Sioux Falls State SD Zip Code 57105-1924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) North Central Heart Institute Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 749.97

Date of Receipt 09 / 08 / 2016
Transaction ID : 47488AB5FBA68E228B13
 Amount of Each Receipt this Period 83.33
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	266.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 59
	<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. Weaver, W. Douglas, , , MACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 474 Townsend St
 City Birmingham State MI Zip Code 48009-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Henry Ford Health System Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 26 / 2016
Transaction ID : 32E26376129BBE662CA
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Westerdahl, Daniel, Eric, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 114 N Doheny Dr Apt 103
 City West Hollywood State CA Zip Code 90048-2015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars-Sinai Medical Center Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 237.47

Date of Receipt 09 / 12 / 2016
Transaction ID : 4CF5A3C430B4297CA3BE
 Amount of Each Receipt this Period 20.83
 Memo Item

C. Westerhausen, Donald, R., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52346 Spring Arbor Ct
 City Granger State IN Zip Code 46530-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 10CDDA9EB6F4C0BD005
 Amount of Each Receipt this Period 1250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2270.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 59
	<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. Wright, Richard, F., , FACC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1038 S Carmelina Ave
 City Los Angeles State CA Zip Code 90049-5810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pacific Heart Institute Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2016
Transaction ID : 438F16D79775CE0F976
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Xie, Yu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 127 S San Vicen Blvd Ste A3308
 City Los Angeles State CA Zip Code 90048-3311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cedars Sinai Medical Center Occupation (for Individual) ADULT CARDIOLOGY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 22 / 2016
Transaction ID : CD1CF75A5FD8CED8350
 Amount of Each Receipt this Period 150.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1150.00
TOTAL This Period (last page this line number only).....	44793.42

**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 51 OF 59
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address P.O. Box 85024

City Richmond	State VA	Zip Code 23285-5024
------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8736.37

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		13		2016

Transaction ID : BCE0F64EEF6DD246107

Amount of Each Receipt this Period
661.34

Memo Item
 Reimbursement for August 2016 Amex Fees and September 2016 Merchant Fees

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	661.34
TOTAL This Period (last page this line number only).....	661.34

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. American Express

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
September 2016 Amex Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2016

FEC Identification Number: C []
Transaction ID : V8C0769736E
Amount of Each Disbursement this Period: [] 370.97

Memo Item

B. Wells Fargo, N.A.

Full Name (Last, First, Middle Initial)
Mailing Address C/O Nova Information Systems
7300 Chapman Hwy

City Knoxville State TN Zip Code 37920

Purpose of Disbursement
September 2016 Merchant Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number: C []
Transaction ID : M1032CF5FC
Amount of Each Disbursement this Period: [] 577.07

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C []

Amount of Each Disbursement this Period: []

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	[] 948.04
TOTAL This Period (last page this line number only).....▶	[] 948.04

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Coffman for Congress 2016		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 4950 S Yosemite Street F2 #511		FEC Identification Number C C00570457 Transaction ID : EC8380CE9C
City Greenwood Village	State CO	Zip Code 80111
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name Coffman, Michael, H., ,	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CO District: 06	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Crowley for Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 84-56 Grand Avenue		FEC Identification Number C C00338954 Transaction ID : 95EC27B5E2
City Elmhurst	State NY	Zip Code 11373
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name Crowley, Joseph, , ,	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 14	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Dr Trey Baucum Campaign		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 138 Conant Street Ste 2		FEC Identification Number C C00607002 Transaction ID : A4CB5F51D
City Beverly	State MA	Zip Code 01915
Purpose of Disbursement 2016 General	Category/Type 011	
Candidate Name Baucum, Trey, W., , III	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA District: 04	<input type="checkbox"/> Memo Item	

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Friends of Susan Brooks		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address 9425 N Meridian St # 237		FEC Identification Number C C00500207 Transaction ID : FB7CD29F1C Amount of Each Disbursement this Period 1000.00
City Indianapolis	State IN	Zip Code 46260-1308
Purpose of Disbursement 2016 General		011 Category/Type
Candidate Name Brooks, Susan, W., ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IN	District: 05	

Full Name (Last, First, Middle Initial) B. HEARTDOCPAC		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address PO Box 628		FEC Identification Number C C00523381 Transaction ID : 6EC631747DE Amount of Each Disbursement this Period 4000.00
City Evansville	State IN	Zip Code 47704-0628
Purpose of Disbursement 2016 Contribution		011 Category/Type
Candidate Name HEARTDOCPAC		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Contribution	
State:	District:	

Full Name (Last, First, Middle Initial) C. John Lewis for Congress		Date of Disbursement MM / DD / YYYY 09 / 28 / 2016
Mailing Address PO Box 2323		FEC Identification Number C C00202416 Transaction ID : 5436AD2D78 Amount of Each Disbursement this Period 5000.00
City Atlanta	State GA	Zip Code 30301
Purpose of Disbursement 2016 General		011 Category/Type
Candidate Name Lewis, John, Robert, ,		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 05	

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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lou Correa for Congress

Mailing Address 420 N Twin Oaks Valley Rd #2229

City
San Marcos

State
CA

Zip Code
92079-7090

Purpose of Disbursement
2016 General

011

Candidate Name

Correa, J. Louis, , ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CA District: 46

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00578302

Transaction ID : 2051B1B320E

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202-2334

Purpose of Disbursement
2016 General

011

Candidate Name

Burgess, Michael, Clifton, ,

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify)

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00372532

Transaction ID : 1F7D5B18A4E

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pascrell for Congress

Mailing Address POB 100

City
Teaneck

State
NJ

Zip Code
07666

Purpose of Disbursement
2016 General

011

Candidate Name

Pascrell, William, James, , Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number

C C00313510

Transaction ID : 902BBC9953

Amount of Each Disbursement this Period

2500.00

Memo Item

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

8500.00

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

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. People for Patty Murray

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3662

City: Seattle State: WA Zip Code: 98124

Purpose of Disbursement: 2016 General

Candidate Name: **Murray, Patricia, Lynn, ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WA District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: **C00257642**
Transaction ID : **18745D81970**
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Portman for Senate Committee

Full Name (Last, First, Middle Initial)
Mailing Address 9856 Archer Lane

City: Dublin State: OH Zip Code: 43017-8914

Purpose of Disbursement: 2016 General

Candidate Name: **Portman, Rob, J., ,**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: OH District:

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: **C00458463**
Transaction ID : **EEFA74F7E2I**
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Price for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 425

City: Roswell State: GA Zip Code: 30077

Purpose of Disbursement: 2016 General

Candidate Name: **Price, Thomas, E., , M.D.**

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: GA District: 06

Date of Disbursement: 09 / 28 / 2016

FEC Identification Number: **C00386755**
Transaction ID : **C980F62368I**
Amount of Each Disbursement this Period: 2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12500.00

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"/> 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. Ryan for Congress, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547-1488

Purpose of Disbursement
2016 General

Candidate Name
Ryan, Paul, Davis, , Jr.

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number
C C00330894
Transaction ID : DBF5F03903
Amount of Each Disbursement this Period
2500.00

Memo Item

B. Stabenow for US Senate

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement
2018 Primary

Candidate Name
Stabenow, Deborah, , ,

Office Sought: House Senate President
State: MI District:

Disbursement For: 2018
 Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
09 / 28 / 2016

FEC Identification Number
C C00344473
Transaction ID : 54FF62F7EC5
Amount of Each Disbursement this Period
2500.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00
66500.00